

Immaculate Conception Academy

Sports Participation Physical Examination Form

Name: _____

Age: _____ Sex: _____ Grade: _____

PHYSICAL EXAMINATION

T. _____ P. _____ R. _____ B.P. _____ Urine S. _____

A. _____ Ht. _____ Wt. _____ Teeth _____

Throat _____ Skin _____ Heart _____ Lungs _____

Tumors _____ Abdomen _____ Extremities _____

Eyes _____ Varicosities _____ Edems _____ Reflexes _____

Thyroid _____

Is student taking any medication? Yes _____ No _____

If so, what _____

Surgeries: _____

_____ Student examined and found able to participate in the sport of soccer, baseball, cross-country and basketball.

_____ Student examined and found not able to participate in the sport of soccer, baseball, cross-country and basketball.

Comments: _____

Physician's Name: _____

Address: _____

Physician's Signature

Date

Parent's Signature

Date