

ATHLETIC PHYSICAL EXAMINATION
TRINITY LUTHERAN, ST. JOSEPH

NAME: _____ BIRTHDATE: _____ GRADE: _____

ADDRESS: _____ PHONE: _____

PARENTS: Has your child ever had or been told he/she had any of the following?

	YES	NO		YES	NO
Tuberculosis	_____	_____	Eye Injury	_____	_____
Dislocation	_____	_____	Epilepsy	_____	_____
Diabetes	_____	_____	Asthma/Allergies	_____	_____
Ulcer	_____	_____	Recurrent Fainting	_____	_____
Unconscious	_____	_____	Arthritis	_____	_____
Anemia	_____	_____	Hernia	_____	_____
Rheumatic Fever	_____	_____	Kidney Disease	_____	_____
Heart Disease	_____	_____	Surgery	_____	_____
Heart Murmur	_____	_____	Sprain	_____	_____
Knee Injury	_____	_____	Broken Bones	_____	_____
Undescended Testicle	_____	_____			

If you have checked YES to any of the above, please indicate the nature of the problem and the date the problem was apparent:

Does your child take medication regularly? YES _____ NO _____

If YES, please indicate type of medications and when the medications are taken:

I give my consent for the above school student to engage in physical education, intramurals and interscholastic athletics at the above school in M.H.S.A.A. approved sports during the current school year and to accompany the team as a member on its out-of-town trips.

SIGNATURE OF PARENT/ GUARDIAN _____

NAME: _____ DATE: _____

PHYSICIAN:

This physical examination is current if the student receives the physical examination after June 1, _____ for the current school year.

PLEASE FILL OUT COMPLETELY

Blood Pressure _____	Eyes _____
Height _____	Ears _____
Weight _____	Heart _____
Temperature _____	Pulse _____
Urinalysis _____	Hemoglobin _____

Essential Findings Deviating from Normal and/or Recommendations:

Is there any defect of *vision, hearing, or other conditions* for which the school should help by seating or other action? YES ___ NO ___ If YES, please explain: _____

Should the student's activity be restricted because of any physical defect or illness?

YES ___ NO ___ If YES, please explain: _____

ADDITIONAL COMMENTS:

Examiner's Signature _____ Date _____

Examiner's Printed Name _____