

Name (last) _____ (first) _____ (mi) _____ Grade _____

Address _____ City _____ Zip _____ Phone _____ Age _____ Date of Birth _____

City _____ Zip _____ Phone _____ Male _____ Female _____
Physical Information: The following questions must be answered by the student and verified by the parent/guardian.

1. Are you currently taking a physician's care for any reason? YES NO
 2. Are you currently taking any prescription medication(s)? YES NO
 3. Are you allergic to any medications to the best of your knowledge? (ex. - Penicillin) YES NO
 4. Have you been knocked unconscious any time during the past year? YES NO
 5. Do you need a tetanus booster (usually once every ten years)? YES NO
 6. Do you have only ONE working organ of a usually paired organ: (ex. - only one ear, kidney, lung) YES NO
 7. Do you know of, or believe there is, any health reason why you should not participate in interscholastic athletics? YES NO
- If YES is the answer to any of the above questions, indicate the question number and give a brief explanation below.

No. _____ Explain _____

No. _____ Explain _____
PHYSICAL: Indicate in the space provided by each topic if there is a deficiency that should be noted TO BE COMPLETED BY DOCTOR:

Blood Pressure _____ URINE (protein) _____ (sugar) _____ EYES _____ HEIGHT _____ WEIGHT _____

ALLERGIES _____ EARS _____ HEART _____ TEETH _____ FALSE TEETH _____

LUNGS _____ SKIN _____ HERNIA _____ THROAT _____ THYROID _____

Additional Remarks _____

I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.

Print or Stamp _____ Name _____ Signature of Physician _____

Address _____ Date _____ Phone number _____