

SPORTS PHYSICAL EXAMINATION

NAME: _____ SCHOOL: CATHOLIC CENTRAL HIGH SCHOOL

Date of Birth: _____ Grade: _____ Weight: _____ Height: _____

***Is there a history of:**

<u>Heart Disease:</u> Congenital _____ Acquired _____	<u>Dislocations:</u> Knee _____ Other joints _____	Lung Disease _____ Kidney Disease _____ Hernia _____ Blood dyscrasia (bleeder) _____ Fainting/Convulsions _____ Epilepsy _____ Medications _____ Injuries _____
<u>Allergy:</u> Antibiotics _____ Pollen _____ Drugs _____ Asthma _____	<u>Fractures:</u> Complicated _____ Uncomplicated _____ Operations _____ Hospitalizations _____	

Name of Sport _____

Date of Exam: _____
Fall
Winter
Spring

***Physical Examination (N=Normal) (P=Pathology)**

Tetanus diphtheria pertussis (date) _____	Scoliosis _____
Heart _____	Blood Pressure-systolic _____
Eyes R _____ L _____	-diastolic _____
Ears R _____ L _____	Heart Rate _____
Lungs _____	Hernia _____
Genital _____	Orthopedic _____
Skin _____	Extremities _____
Lymph nodes _____	Abnormalities _____
Tanner stage I II III IV V (circle one)	Abdomen _____

Indicate any known congenital defects _____

Dental: List any dental abnormalities _____

***IF SUSPECTED PATHOLOGY EXISTS, FURTHER CONSULTATION AND WORK-UP REQUIRED.**

The above examination shows satisfactory condition to engage in:

Signature of Private Physician/date

Signature of School Physician/date

**THIS FORM IS TO BE RETAINED IN SCHOOL'S CUMULATIVE HEALTH RECORD FILE.
FOR SCHOOL PHYSICIAN USE ONLY**

This certifies that _____ is physically qualified to participate in the following categories of competition during the school year 20____ to 20____.

Any unmarked categories indicate disqualification from the particular group of sports activities.

CONTACT/COLLISION

**LIMITED CONTACT/
IMPACT**

**STRENUOUS
NONCONTACT**

**NONSTRENUOUS
NONCONTACT**

Field Hockey
Football
Ice Hockey
Lacrosse
Soccer
Wrestling

Baseball
Basketball
Diving
Gymnastics
Handball
Skiing-Cross Country
Skiing-Downhill
Softball
Volleyball

Tennis
Cross-country
Track and Field
Swimming

Archery
Bowling
Golf

School Physician's Signature

Date