

For Office Use Only:	
Date Received:	/ /
Update Attendance:	☐ Yes
Initial:	

SPORTS PHYSICAL FORM TO BE COMPLETED BY PARENT

	Last				, , ,	st Name						Middle				
	/ /				Male] Fe	Female		
	Birt	n Date														
			Н	ome Add	ress (Ple	ease "NO"	P.O. Box)									
	City				St	tate							Zip Code	<u> </u>		
)	-				()			-						
Primary Phone									Secondary Phone							
tude	ent Lives With:	☐ Mother		Father		C	Other:									
				()	-			Day	time p	hone		Page	r		Cellulai
ather	's Name			Phone ()	_			Daytime phone				Page	r	☐ Ce	
Mother's Name				Phone				- "	Day	Daytime phone			ruge			
				()	-		_ 🗆	Daytime phone				Page	r		Cellula
iterna	ate Emergency Contact Pers	on		Phone												
leas	e indicate MEDICAL A	LERTS such as Alle	ergic reactions,	contact	t lense	es, etc.										
	take the time to r	ead and answer	all questions	hefor	e seei	ing a nh	nvsician f	nr tn	1e atr	11616.						
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PHYSICAL EXAM-TO BE COMPLETED BY PHYSICIAN

		Li	ast Name				First Name			Middle	
/ /				☐ Male		☐ Female					
		В	irth Date								
Heig	ht:	Ft	inches	We	eight:	Lbs.	Pulse:		Blood P	ressure:	
sior	n:										
		R	ight:	/	uncorr	ected		Right:	/	corrected	
			Left:	/	 uncorr			Left:		corrected	
						T					
	Eves				Normal			Abnormal Find	ings		Initials
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3.		& Teeth									
4.	Neck	Q (CCIII									
5.	Cardiov	vascular									
6.	Chest 8										
7.	Abdom										
8.	Skin	<u> </u>									
9.		ia-Hernia (male)								
10.			ROM, strengtl	n, etc.							
11.		Neck	, ,	•							
12.	b.	Spine									
13.	c.	Shoulde	rs								
14.	d.	Arms / H	Hands								
15.	e.	Hips									
16.	f.	Thighs									
17.	g.	Knees									
18.	h.	Ankles									
19.	i.	Feet									
20.	Neuron	nuscular									
eas	e Print /	Stamp									
Physi	ician's Na	ime:									
	t Addres		-								
	.c naure.		-			Chahai			7:		
City:						State:			Zip:		
Phon	ie:		()	-							
								cipate in sports. I		nat I am a license	d medic
nysic	ian, phys	ician's assi	stant, or famil	y nurse pra	ctitioner. (D	octor or Chirc	practic Medi	icine is not satisfa	actory.)		
										,	,
					Physician Sigr	nature				/ Date	1
PAR	TICIPAT	ION REST	RICTIONS:		,						