

St. Paul the Apostle Athletic Physical

PART I: Student Information (*To be completed by parent/guardian*)

Date: _____

Student's Name: _____

Age: _____

Sex: _____

Address: _____

Phone: _____

Date of Birth: _____

Grade entering in the fall: _____

Is this child subject to any of the following conditions:

	Yes	No	Explanation
Epilepsy	_____	_____	_____
Fainting	_____	_____	_____
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Heart Disease	_____	_____	_____
Head Injury, Seizures	_____	_____	_____
Knocked Unconscious	_____	_____	_____
Other	_____	_____	_____
Medications:	_____		

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of athlete: _____

Signature of parent/guardian: _____

PART 2: Physical Examination (*To be completed by the physician*)

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

	Normal	Other
Ears	_____	_____
Nose	_____	_____
Throat	_____	_____
Skin	_____	_____
Neck	_____	_____
Chest	_____	_____
Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Posture	_____	_____
Hernia (Males Only)	_____	_____

I have examined the above named student and in my opinion he/she may participate in all school organized athletics except listed: None: _____ Other: _____

Physician Signature: _____ Date: _____

A Current-Year Physical is one given on or after April 15 of the previous school year.