



Sport Physical Form

Sport: _____

For School Year: 2014-2015

Student Name: _____ Date of Birth: _____

Sex: Male Female Weight: _____ Height: _____ Pulse: _____ Blood Pressure: _____

Legend: ✓ = Normal X = Abnormal NE = Not examined

General Body Build: _____ Skin: _____

Eyes _____ Ears _____ Nose _____ Throat _____ Neck _____ Spine _____
Lungs _____ Heart _____ Chest _____ Liver _____ Spleen _____

Abdominal Masses/Hernia: _____

Joint Function:

Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____ Hips _____
Knees _____ Ankles _____ Feet _____

*Neurological: _____ Genitalia (male only): _____

* Important if medical history is positive for concussions, seizures, loss of consciousness or other neurological findings.

Table with 3 columns: Condition, When, and empty space for notes. Rows include Concussion, Fractures, Sprains, Chronic inflammation, Heart murmur, and High blood pressure.

Allergies: _____ Medications: _____

Special Instructions or Limitations: _____

I certify that I have examined this student and he or she may compete in supervised school athletic activities.

Date of examination: _____ Physician Name: _____

Physician phone #: _____ Physician Signature: _____

NOTE:

Physicals are good for one year. Each year a new physical must be completed in order for students to participate in sports. Return completed Sport Physical Form to CLS office before try-outs begin.