

Athletic Physical

Immaculate Conception School
321 South Metter Ave.
Columbia, IL 62236

PATIENT NAME _____

D.O.B. _____

CURRENT GRADE _____

DATE OF EXAM _____

History

1. Intended sport(s) _____
 - a. Planned role (position, etc.) _____
2. Current medical problems _____
Current medications _____
3. Past health history
 - a. Previous head injury _____
 - b. Previous seizures _____
 - c. Previous broken bones _____
 - d. Previous surgeries (type & age) _____

Physical

Height _____ Weight _____ BP _____ Pulse _____

Eyes _____

Ears _____

Lungs _____

Heart _____

Abdomen _____

Hernia (males) _____

Musculoskeletal (scoliosis, joints, strength) _____

Based on medical history and physical exam, this student is approved for participation in sports activities for the current school year.

Physician's Signature