

# SPORTS PHYSICAL

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

School: HORN LAKE HIGH SCHOOL

Health History (Parent or Guardian to fill out)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

Rt Eye: \_\_\_\_\_ Lt Eye: \_\_\_\_\_ Pulse: \_\_\_\_\_

MARK YES OR NO ONLY	YES	NO
Chronic/Recurrent illness?		
Hospitalization?		
Surgery other than tonsils?		
Injuries treated by physicians?		
Current medications?		
Organs missing?		
Heat exhaustion/stroke?		
Dizziness, fainting, convulsions and or headaches?		
Knocked out?		
Concussion?		
Wear glasses or Contacts?		
Hearing defects?		
Dental appliances Bridge/brace/cap/plate?		
Cough/Pain?		
Problems with blood pressure or heart murmurs?		
Problems with liver, spleen, or kidney?		
Hernia?		
Recurrent skin disease?		
Bone/Joint injury? Sprain/Dislocation? Injury that caused a missed event?		
Allergy to Medications?		
Tetanus Booster in the last 10 Years?		

Satisfactory	YES	NO
General		
Head		
ENT		
Chest		
Heart		
Abdomen		
Skin		
Extremities/ Back/Neck		

I Hereby give my consent for the above named student to receive a physical for athletic activities.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

- \_\_\_\_\_ Passed with no restrictions.
- \_\_\_\_\_ Passed with restrictions. Further evaluation should be received for the following reasons: \_\_\_\_\_
- \_\_\_\_\_ Failed. Due to: \_\_\_\_\_