

- () () Broken bones? (Date) R / L _____
 () () Is there any reason this student should not participate in athletics or PE? _____
 () () Has any family member under the age of 50 died suddenly of causes other than an accident?

 () () Hepatitis? _____
 () () Undescended testicle? _____
 () () *Diabetes? _____
 () () Hearing impairment? _____

Please use this space to explain additional information to any YES answers: _____

Parent/Guardian Signature _____

Date _____

PHYSICIAN INFORMATION

To be completed by a physician.

	Normal	Abnormal	Not Examined
1. Eyes	()	()	()
2. Ears, Nose, Throat	()	()	()
3. Mouth and Teeth	()	()	()
4. Neck (soft tissue)	()	()	()
5. Cardiovascular	()	()	()
6. Chest and Lung	()	()	()
7. Abdomen	()	()	()
8. Genitalia – Hernia	()	()	()
9. Sexual Maturity	()	()	()
10. Skin and Lymphatic	()	()	()
11. Neck	()	()	()
12. Spine	()	()	()

Scoliosis Screening - State Mandate for Grade 6 and Grade 7

13. Shoulders	()	()	()
14. Arms and Hands	()	()	()
15. Hips	()	()	()
16. Thighs	()	()	()
17. Knees	()	()	()
18. Ankles	()	()	()
19. Feet	()	()	()
20. Neurological	()	()	()

_____ HEIGHT: _____ WEIGHT: _____ BMI: _____

PULSE: _____ / MIN. BLOOD PRESSURE: _____ / _____ YEAR OF LAST TETANUS: _____

NOTE: A physician's signature is required for approval to participate in St. Aloysius Academy Athletic programs.

Name of Physician _____

Signature of Physician: _____ Date of exam: _____