ST. ALOYSIUS ACADEMY
ATHLETICS PHYSICAL EXAMINATION FORM
CONFIDENTIAL

NAME: ____ GRADE: __________________

ADDRESS:____
Street City Zip

HOME PHONE: ( ) ______ - _____________

DATE OF BIRTH: ____________________

To be completed by a parent/guardian.

YES	NO	DOES THIS STUDENT HAVE ANY OF THE FOLLOWING:
( )	( )	Chronic and/or recurrent illness? ________________
( )	( )	Illness longer than one week?________________
( )	( )	Hospitalizations? ________________
( )	( )	Surgery other than tonsillectomy? ________________
( )	( )	Missing organs?________________
( )	( )	Take any medication? Reason?________________
( )	( )	*Allergy to any medication? ________________
( )	( )	Problems with heart or blood pressure? ________________
( )	( )	Chest pain with exercise? ________________
( )	( )	Dizziness or fainting with exercise? ________________
( )	( )	Dizziness, fainting, frequent headaches, or seizure disorders? ________________
( )	( )	*Concussion or unconsciousness? How many times / dates? ________________
( )	( )	Heat exhaustion or heat stroke? ________________
( )	( )	Abnormal bleeding or bruising? ________________
( )	( )	Allergies? ________________
( )	( )	*Allergic to bee stings? Prescribed Benadryl and/or EpiPen (circle one/both).________________
( )	( )	Asthma? ________________
( )	( )	Wear eyeglasses and/or contact lenses (circle one/both).________________
( )	( )	Wear dental bridges, braces, plates (circle one). ________________
( )	( )	Experience severe muscle cramps or become ill when exercising in the heat?________________
( )	( )	Has he or a family member been diagnosed with Sickle Cell Trait or Sickle Cell Disease? ________________

To be completed by a parent/guardian.

YES	NO	IS THERE ANY HISTORY OF THE FOLLOWING:
( )	( )	Injuries requiring medical treatment? ________________
( )	( )	Neck injuries? (Date) R / L ________________
( )	( )	Low Back? (Date) R / L ________________
( )	( )	Knee injuries? (Date) R / L ________________
( )	( )	Ankle injuries? (Date) R / L ________________
YES	NO	IS THERE ANY HISTORY OF THE FOLLOWING:
( )	( )	Shoulder injuries? (Date) R / L ________________
( )	( )	Elbow injuries? (Date) R / L ________________
( )	( )	Wrist injuries? (Date) R / L ________________
( )	( )	Other joint injuries? (Date) R / L ________________

( )	( )	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: ______________