

2021/2022 HIGH SCHOOL PHYSICAL SCREENING

Physical must be dated July 1, 2021 or later

PRE-PHYSICAL HISTORY (Must be completed and signed by parent prior to examination):

SPORT(S): _____ SCHOOL: **SOUTH HIGH** DATE: _____

PRINT Last Name First Name M.I. Grade Age Date of Birth

Address _____ City _____ Zip Code _____

HEALTH HISTORY (To be completed by student or parent):

Check and give as much information as possible **Y = yes, N = no**

____ Heart Trouble ____ High Blood Pressure ____ Asthma ____ Diabetes
____ Kidney Problems ____ Head Trauma ____ Seizures ____ Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications Allergies Last Tetanus Immunization

Signature of Parent or Guardian: _____

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PHYSICAL EXAMINATION (To be completed by physician):

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respirations: _____

Visual Acuity: O.D. ____/____ O.S. ____/____ () Corrected () Uncorrected L.M.P. _____

() Chest Pain () Extreme S.O.B. () Dizziness () Fatigue () Palpitations () Sudden Death of Family Member

		10. MUSCULOSKELETAL, ROM, STRENGTH	
	NORMAL	NECK	
1. EYES		SPINE	
2. EARS, NOSE, THROAT		SHOULDERS	
3. MOUTH AND TEETH		ARMS/HANDS	
4. NECK		HIPS	
5. CARDIOVASCULAR		THIGHS	
6. CHEST AND LUNGS		KNEES	
7. ABDOMEN		ANKLES	
8. SKIN		FEET	
9. GENITALIA-HERNIA(MALE)		11. NEUROMUSCULAR	

ABNORMAL FINDING: _____

RECOMMEND: () Full Activity, No Restrictions Recommend: () Vision Evaluation () Tetanus Booster
() Accept, Restrictions: () No contact sports () Other: _____
() Not Participate

EXAMINING PHYSICIAN: _____ License#: _____ Date: _____

Address: _____ **Doctor's Stamp here:**

Phone #: _____