



ATHLETIC MEDICAL FORM

PHYSICIAN REPORT 2008-2009
TO BE COMPLETED BY PHYSICIAN

DATE
(SPORTS PHYSICAL IS GOOD FOR 2 SCHOOL YEARS)

Athlete's Name: Grade:
Address: DOB:
City: State: Zip:

Sex: Male Female Age: Ht: Wt:

BP:

Table with 4 columns: Physical Exam, Satisfactory, Unsatisfactory, Comment. Rows include Respiratory, Cardiovascular, Neurological, Extremities, Teeth, Hearing, Orthopedic, Vision, and Skin.

Any significant illness or injury:

I have examined this student today and medically recommend him/her for strenuous physical activity at King's Way Christian School for the school year 2008-09. There are no restrictions to this athlete's participation at this time.

Physician's Signature: Today's Date:

Printed Name:

Office Phone #:

MEDICAL CHECKLIST 2008-2009
DATE _____

TO BE COMPLETED BY PARENT

Please fill in the following information as it pertains to your student athlete. Please note any medical conditions that might have an impact on your child's participation. I give permission for my son/daughter to receive a sports physical and certify that my student is physically able to compete in athletic programs at King's Way Christian School for the school year 2008-09.

Parent Signature: _____ Date: _____

Please Print Student Athlete's Name: _____ DOB: ___/___/___

Check the following information concerning your student:

	YES	NO	Please explain each YES
1. Concussions			
2. Neck Injury			
3. Heart Illness			
4. Respiratory			
5. Vision			
6. Asthma			
Inhaler Required?			
7. Allergies:			
Bee			
Peanut			
Other			
8. Hearing			
9. Diabetes			
10. Epilepsy			

 Please **circle** the following illness(es) and note **the year** your child was affected:

Pneumonia _____ Malaria _____ Fainting Spells _____

Tonsils _____ Hernia _____ German Measles _____

Red Measles _____ Mumps _____ Kidney Disease _____

Chickenpox _____ Scarlet Fever _____

Other: _____