

History Form

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart)

Date of Exam: _____

Name: _____ Date of birth: _____

Sex: _____ Age: _____ Grade: _____ School: _____ Sport(s): _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging insects

Explain “Yes” answers below. Circle questions you don’t know the answer to.

[illegible]

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: _____

Date: _____

Signature of parent/guardian: _____

Date: _____

ATHLETIC PHYSICAL EXAMINATION FORM

To be completed by your physician

Name: _____ DOB: _____

Height: _____ Weight: _____ Pulse: _____ BP _____/_____

Vision: R 20/_____ L 20/_____ Corrected Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
ECG Screening **			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

****HEART SCREENING** ECGs will also be offered at on-campus screening events

PHYSICIANS STATEMENT

An annual physical examination certifying that the student is physically fit to participate in athletics is required before a student may try out, practice, or participate in interscholastic athletic competition. I hereby certify that the above named student was examined by me and found physically fit to engage in interscholastic athletics for the current school year (June 7, 2025 to June 5, 2026).

Date Examined: _____ Physician Name: _____

PLEASE USE STAMP

Physician Signature: _____ Phone: _____