

Parochial League Physical Form

Student's Name _____

Birthdate _____

Physical Examination

Date of Exam _____

Height _____

Weight _____

Pulse Rate _____

Blood Pressure _____ / _____

Check One:

Vision: Right _____ / _____ without corrective lens

with corrective lens

Left _____ / _____ without corrective lens

with corrective lens

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, Nose, Throat					
3. Mouth and Teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest and Lungs					
7. Abdomen					
8. Genitalia-hernia					
9. Sexual maturity					
10. Skin and Lymphatic					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and Hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation Recommendations:

No history or physical findings on this exam would prohibit the student from participating in the following requested sports: _____

This student should have the following health problems evaluated or treated before participation recommendations can be made: _____

This student has health problems that prohibit him/her from participating in the requested sports: _____

 _____ however, this student can participate in the following requested sports: _____

Physician

Physicals must be performed within a year of participation in a sport.