

Cathedral High School Physical Examination Form

Students Name: _____ Date of Birth: _____

Address: _____ Grade: _____

_____ Age: _____

I . Health History (To be filled in by Parent/Guardian)

Parents/Guardians MUST fill in Section I

THIS FORM IS NOT COMPLETE AND WILL NOT BE ACCEPTED WITHOUT THE PHYSICIANS SIGNATURE

YES	NO	
		HEAD OR SPINAL INJURIES
		SEIZURES, CONVULSIONS OR FAINTING
		EXTENSIVE CONFINEMENT BY ILLNESS OR INJURY
		CARDIOVASCULAR DISEASE
		TUBERCULOSIS
		HAS A PHYSICIAN EVER DENIED YOUR PARTICIPATION IN SPORTS FOR ANY REASON?
		MUSCULAR DISEASE
		CONGENITAL ANOMALIES
		SUFFERING FROM ANY OTHER DISEASE
		ANY OTHER NERVOUS DISORDER

YES	NO	
		HAVE YOU EVER BEEN TOLD YOU HAVE A HEART MURMUR?
		DIABETES
		PERM. DEFECT FROM ILLNESS,INJURY ,DISEASE
		GASTROINTESTINAL ULCER
		PREVIOUS SPORT INJURY
		RHEUMATIC FEVER
		ASTHMA/ALLERGIES/DRUG ALLERGIES
		KIDNEY DISEASE
		PSYCHIATRIC DISEASE
		ANY MEDICATION TAKEN NOW?

If any answer is YES please explain: _____

II . Physical Examination (To be filled in by the Physician)

General Appearance: Good Fair Poor Height _____ Weight _____

Pulse/Rest: _____ Pulse/Exercise: _____

Vision: Without glasses With Glasses With Contacts

R ____ - ____ L ____ - ____ Both R ____ - ____ L ____ - ____ Peripheral Vision R ____ - ____ L ____ - ____

Hearing: Loss or chronic ear pathology _____ Nose: _____ Throat: _____
(Findings: P = Positive N = Negative)

Dental: Note presence of chips, absent teeth or plates: _____

Heart: _____ **Lungs:** _____ **B/P:** _____

Abdomen: Scars: _____ Abnormal Masses: _____ Tenderness: _____

Hernia: YES NO If yes, Where? _____ Truss Worn _____

Orthopedic

R.O.M. C _____ T _____ L _____ Adams _____ Posture _____

Remarks: _____

Bone or Joint pathology or weakness: _____

Neurological

Reflexes: P _____ B _____ T _____ A _____ Finger to nose: _____ Finger/Finger: _____

Stereognosis: _____ Heal to toe: _____ Romberg: _____

Clearance

Cleared to participate in competitive sports

Cleared *after completing evaluation/rehabilitation for*: _____

Not Cleared to participate in competitive sports. Reason _____

Recommendation: _____

Health Examiners Name (Print): _____

Address: _____

Phone: _____

Health Examiners Signature: _____ **Date:** _____