

**ASSUMPTION SPORT PHYSICAL FORM
(TO BE COMPLETED BY PHYSICIAN)**

Name _____

Grade _____

Age _____ Weight _____

Height _____

Body Build _____

Posture _____

| | <u>Normal</u> | <u>Abnormal</u> |
|--------------------------|---------------|-----------------|
| 1. Blood Pressure | _____ | _____ |
| Pulse | _____ | _____ |
| 2. Eyes | _____ | _____ |
| Vision | _____ | _____ |
| Contact Lens (Yes/No) | _____ | _____ |
| 3. Ears | _____ | _____ |
| Nose, Throat | _____ | _____ |
| Teeth | _____ | _____ |
| Bridges, Braces (Yes/No) | _____ | _____ |
| 4. Neck | _____ | _____ |
| 5. Chest | _____ | _____ |
| Lungs | _____ | _____ |
| Heart | _____ | _____ |
| 6. Abdomen | _____ | _____ |
| Hernia (Yes/No) | _____ | _____ |
| Genitalia | _____ | _____ |
| Pubertal Code | _____ | _____ |
| 7. Neurological | _____ | _____ |
| Muscular | _____ | _____ |
| Orthopedic | _____ | _____ |

Recommendations: _____

I certify that I have examined the above student and find him/her physically able to participate in all supervised athletic activities except those circled:

Baseball - Basketball - Track - Soccer - Volleyball - Softball

SIGNATURE OF EXAMING PHYSICIAN _____

DATE _____

