

Student Name: _____ DOB: _____ Grade: _____ School Year: _____

Child of God Lutheran School – Physical Exam Form

--This form is for **ALL student ATHLETES, ALL NEW Students**, and students in **Kindergarten, 5th & 7th** grade. This form is per rolling year. A yearly **immunization** record is **required** for EVERY student, with **CURRENT immunizations upon registration**.

TO BE COMPLETED BY A PHYSICIAN:

Date: _____ Allergies: _____

Height: _____ Weight: _____ H/R: _____ B/P: _____

Is student under medical care at this time (other than preventative care)? _____

Current Medication: _____

Medical Treatment needed at school: _____



Check if normal. Explain if abnormal.

() Eyes _____

Special Seating Required? _____

Hearing (pass/fail): Right _____ Left _____

Hx of tubes or hearing device? _____

() Skin _____

() ENT _____

() Oral/Dental _____

() Chest/Lungs _____

() Heart _____

() Abdomen _____

() Hernia _____

() Lymph Nodes _____ () Genitalia _____

() Neurology _____

() Scoliosis _____

Physician Name: _____

Physician Address: _____

Physician Phone: _____ Physician Fax: _____

Physician Signature: _____

Parent's or Guardian's Permission For Interscholastic Sports Activities: I hereby give consent for the student to represent his/her school in interscholastic activities except those stated on the Physician Exam Form. I also give consent for him/her to accompany the team in its travels to practices, games, or related activities sponsored by the school and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such as medical care as it reasonably necessary for the welfare of the student, if she/he is injured in the course of school activities. I also give consent for the school nurse or administrator to contact child's physician concerning health issues.

Signature of Parent/Legal Guardian _____ Date _____

For Sports Participation:

() ROM _____

() Back _____

() Neck/Shoulders _____

() Upper Extremities _____

() Lower Extremities _____

Recommendations for Sports:

() Full Unlimited Participation

() No Participation

() Limited Participation _____

() Clearance Withheld Until _____