

ATHLETIC PHYSICAL

SCHOOL YEAR _____ SCHOOL _____ SPORT _____

INFORMATION TO BE FURNISHED BY PARENT OR GUARDIAN

STUDENT'S NAME _____ AGE _____ GRADE _____ DATE _____

ADDRESS _____ PHONE NUMBER _____ BIRTHDATE _____

HEALTH HISTORY (Check and give date)

Diabetes _____ Date _____
Epilepsy _____ Date _____
Hernia _____ Date _____
Heart Murmur _____ Date _____

Rheumatic fever _____ Date _____
Allergies or Asthma _____ Date _____
Frequent headaches _____ Date _____
Other _____

OPERATIONS:

Kind _____ Date _____

RECENT INJURIES:

Kind _____ Date _____

Has student received a recent tetanus immunization? _____ Date (MO/YR) _____

Does student have an abnormal condition, such as a "trick" knee or still joint or any restricting disability? _____

If so, what? _____

SIGNATURE OF PARENT OR GUARDIAN

DOCTOR'S REPORT OF PHYSICAL EXAMINATION

EYES (gross abnormalities) _____

EARS (gross abnormalities) _____

TEETH (chipped, capped, partial plates, etc.) _____

HEART _____

LUNGS _____

BLOOD PRESSURE _____

HERNIA _____

ORTHOPEDIC OBSERVATIONS _____

PERTINENT HEALTH HISTORY _____

ACCEPTED FOR FULL ATHLETIC ACTIVITY: YES _____ NO _____

ACCEPTED FOR FULL ATHLETIC ACTIVITY EXCEPT FOR: _____

RECOMMENDATIONS: _____

PHYSICIAN'S SIGNATURE

DATE _____

ADDRESS _____

Bring this form and your Sports Physical is \$20. William M. Thomas, D.C.
15763 Imperial Hwy.
La Mirada, CA 90638
(562) 694-BACK (2225)