



Our Lady of Perpetual Help School  
Physical Examination Form for Athletic Participation

School Year: 20\_\_ - 20\_\_

The date of physical must be no more than 12 months prior to the date of tryouts for each sport.

Date of Physical: \_\_\_\_\_

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

---

**TO BE COMPLETED BY PHYSICIAN**

Known Medical Conditions: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

	Normal	Abnormal	Description
Eyes			
ENT			
Heart			
Lungs			
Abdomen			
Musculoskeletal			
Neurological			
Skin			

Is this student is able to participate in athletics? \_\_\_\_\_ (y/n)

Which activities, if any, should be omitted?

Physician Name and Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_