



PHYSICAL EXAMINATION

Student name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Vision (Glasses/Contacts): _____

General Health Status

Please indicate any history of:

- High blood pressure
- Diabetes
- Heart Disease
- Headaches
- Allergies
- Asthma
- Previous Orthopedic Injury
- Previous Surgery
- Any Other

Specify any Checked Medical Concerns.

Family History: History of HPB, heart disease, etc.

Physical Examination

General Lungs Heart Abdomen Neck

Cervical Vertebrae Back Genitalia Neurological

Any conditions that would prevent safe participation in sports?

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I have examined this child and have found that he/she is capable of participating in sports.

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

## IMMUNIZATION VERIFICATION

I certify that my child has current (up to date) immunizations and I give my child permission to participate on ICSU sports teams.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_