

**ST. PHILOMENA SCHOOL
324 CORY'S LANE
PORTSMOUTH, RI 02871**

Sports Physical Medical Information

The student's parent will complete the following form, have the physician complete the reverse side and return to Athletic Department:

Student's Name _____

Parent's Name _____

Address _____

Date of Birth _____ Grade _____

Family Physician _____ Sport _____

Has your child ever had any problems playing sports? Y N

Has your child ever had dizzy spells? Y N

Has your child ever passed out? Y N

Has your child ever had any fractured or broken bones? Y N

(List below)

Has your child ever had heart problems? Y N

Has your child ever been in the hospital due to an illness or injury? Y N

(Explain below)

Is your child taking any medications? Y N

(If yes, explain below)

Is your child allergic to any medications or food? Y N

(Explain below)

Do you feel your child has any limitations in playing sports? Y N

(If yes, explain below)

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Sports Physical Examination

The student's physician will complete the following form:

Height _____	Remarks (if any) _____
Weight _____	Remarks _____
Vision _____	Remarks _____
Scoliosis _____	Remarks _____
Blood Pressure _____	Remarks _____
Urinalysis _____	Remarks _____
Heart _____	Remarks _____
Resting Heart Rate _____	Remarks _____
Hernia _____	Remarks _____
Musculoskeletal _____	Remarks _____

Recommendation: Based on this exam, I find _____

_____ Physically fit to participate in sports

_____ Requires further evaluation to determine fitness to participate

_____ Physically fit if provided with _____

Physician Signature

Date of Physical Exam