Cathedral High School
Physical Examination Form

Students Name: ____ Date of Birth: _______________

Address: ____ Grade: _________

____ Age: ___________

I . Health History (To be filled in by Parent/Guardian)

Parents/Guardians MUST fill in Section I

YES	NO	
		HEAD OR SPINAL INJURIES
		SEIZURES, CONVULSIONS OR FAINTING
		EXTENSIVE CONFINEMENT BY ILLNESS OR INJURY
		CARDIOVASCULAR DISEASE
		TUBERCULOSIS
		HAS A PHYSICIAN EVER DENIED YOUR PARTICIPATION IN SPORTS FOR ANY REASON?
		MUSCULAR DISEASE
		CONGENITAL ANOMALIES
		SUFFERING FROM ANY OTHER DISEASE
		ANY OTHER NERVOUS DISORDER

YES	NO	
		HAVE YOU EVER BEEN TOLD YOU HAVE A HEART MURMUR?
		DIABETES
		PERM. DEFECT FROM ILLNESS,INJURY ,DISEASE
		GASTROINTESTINAL ULCER
		PREVIOUS SPORT INJURY
		RHEUMATIC FEVER
		ASTHMA/ALLERGIES/DRUG ALLERGIES
		KIDNEY DISEASE
		PSYCHIATRIC DISEASE
		ANY MEDICATION TAKEN NOW?

If any answer is **YES** please explain: ____
____

II . Physical Examination (To be filled in by the Physician)

General Appearance: ☐ Good ☐ Fair ☐ Poor Height________ Weight______

Pulse/Rest: ________ Pulse/Exercise: ________

Vision: ☐ Without glasses ☐ With Glasses ☐ With Contacts

R ____-____ L ____-____ Both R ____-____ L ____-____ Peripheral Vision R ____-____ L ____-____

Hearing: Loss or chronic ear pathology _______________Nose: ____________ Throat: _____________
(Findings: P = Positive N = Negative)

Dental: Note presence of chips, absent teeth or plates: __________________________________

Heart: _____________________ **Lungs:** ____________________ **B/P:** ____________________

Abdomen: Scars: _______________ Abnormal Masses: _______________ Tenderness: _______________

Hernia: ☐**YES** ☐**NO** If yes, Where?______________________ Truss Worn___________

Orthopedic

R.O.M. C________T________L________ Adams____________________Posture _______________

Remarks: ____

Bone or Joint pathology or weakness:____

Neurological

Reflexes: P______B______T______A______Finger to nose:________Finger/Finger:_____________

Stereognosis: _____________ Heal to toe: _____________ Romberg: ______________

Clearance

☐ Cleared to participate in competitive sports

☐ Cleared ***after completing evaluation/rehabilitation for***:_________________________________

____

☐ Not Cleared to participate in competitive sports. Reason_________________________________

Recommendation:____

Health Examiners Name (Print): ____

Address: ____

____

Phone: _________________________________

Health Examiners Signature: ____ Date:________________