



HOLBROOK SCHOOL



Physical Examination Report For Sports Participation

Student Name: _____ **Date of Birth:** _____

Age: _____ **Grade:** _____ **Male:** _____ **Female:** _____

Date of Physical _____

Height: _____ Weight: _____ Temp: _____ Pulse: _____ B/P: _____

Vision R 20/ _____ L 20/ _____ () with glasses/contact lenses

Medical Concerns: None _____ Yes _____ Please list allergies, asthma, seizure disorder diabetes, or other conditions: _____

Does student take any daily medications? No _____ Yes _____ List: _____

ASSESSMENT:

- | | | | |
|------------------|----------------------|-----------------------|---------------------------|
| 1. Eyes _____ | 6. Teeth _____ | 11. Lungs _____ | 16. Skeletal _____ |
| 2. Ears _____ | 7. Thyroid _____ | 12. Abdomen _____ | 17. Skin _____ |
| 3. Hearing _____ | 8. Lymph Nodes _____ | 13. Hernia _____ | 18. Reflexes _____ |
| 4. Nose _____ | 9. Chest _____ | 14. Genitalia _____ | 19. Pilondial Sinus _____ |
| 5. Throat _____ | 10. Heart _____ | 15. Extremities _____ | 20. Emotional Adj. _____ |

Recommendations: _____ Full Participation _____ Limited participation, please explain below:

Cleared with recommendation for further evaluation for _____

Physician's Name (print): _____ Phone: _____

Physician's Signature: _____ Date: _____