

Cathedral High School Physical Examination Form

Students Name: _____ First Last	Student ID: _____ Grade: _____ Date of Birth: _____ Age: _____
Address: _____ Street	Sport: Check all that apply for the school year Fall: ☐ Football ☐ X-Country ☐ Water Polo ☐ E-Sport Winter: ☐ Basketball ☐ Soccer Spring: ☐ Golf ☐ Tennis ☐ Baseball ☐ Volleyball ☐ Track & Field ☐ Swim
_____ City, Zip	

I . Health History (To be filled in by Parent/Guardian)
Parents/Guardians **MUST** fill in Section I

THIS FORM IS NOT COMPLETE AND WILL NOT BE ACCEPTED WITHOUT THE PHYSICIANS SIGNATURE

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 ____-____									
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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: _____

Physican's
Stamp:

Health Examiners Signature: _____ MD / PA-C / DO _____ Date: _____

Please Circle One

**** Physicals from Nurse Practitioners or Chiropractors (even if certified) are not accepted**

Please turn in this ORIGINAL form to Mrs. Edwards once you have uploaded a digital image of both pages on homecampus.com you must register as an athlete on homecampus.com.