



PEACE LUTHERAN SCHOOL

3161 LAWNDALE RD

SAGINAW, MI 48603

2010-2011 SCHOOL YEAR



PHYSICAL EXAMINATION FORM

Medical History (To be completed by parents/guardians – PLEASE PRINT)

Student's Name: _____
(LAST) (FIRST) (INITIAL)

Address: _____ Phone: _____

Date of Birth: _____ Age: _____ Grade: _____

Has student ever had:	Yes	No
fainting		
diphtheria		
scarlet fever		
rupture		
rheumatic Fever		
poliomyelitis		
pneumonia		
asthma		
diabetes		
heart disease		
kidney disease		
tuberculosis		
jaundice		

Does student now have:	Yes	No
blurred vision		
headaches		
fainting		
convulsions		
blackouts		
painful joints		
backaches		
pounding of heart		
shortness of breath		
frequent urination		
cough		
nosebleeds		
frequent sore throats		
stomach pains		

Emergency Information

IN AN EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Family Doctor: _____ Phone: _____

Please detail any special medical information (allergies, known drug reactions, current prescribed medication, etc.).

As the parent or guardian of the above student, I recognize that, as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for emergency medical care. I do hereby consent in advance to such emergency care including hospital care, as may be deemed necessary under the then existing circumstances, and to assume the expenses of such care.

Signature: _____

Date: _____

PHYSICAL EXAMINATION

(To be completed by the M.D., D.O., physician's assistant, or nurse practitioner)

Blood Pressure: _____

Pulse: _____

Please check the appropriate column:

SYSTEM	NORMAL	ABNORMAL
Vision		
Ears		
Nose		
Throat		
Teeth		
Orthopedic		
Thyroid		
Chest		
Lungs		
Heart		
Abdomen		

RECOMMENDATIONS/EXPLANATIONS:

I certify that I have examined the student and recommend him/her as being able to compete in supervised athletic activities **NOT** crossed out below.

BASKETBALL

CHEERLEADING

PHYSICAL EDUCATION

CROSS COUNTRY

POM PON

SOCCER

TRACK

VOLLEYBALL

WRESTLING

Signature of Examining Physician: _____

Date: _____

***Note: A current year physical is one that is given on or after April 15 of the previous school year.*