

PHYSICAL EXAMINATION SUMMARY

(required only for those students who plan to participate on sports teams, cheerleading, or HVL track meet)

STUDENT NAME (last name, first name, initial) _____

BIRTHDATE _____ SEX (please circle) M F GRADE _____ HEIGHT _____

WEIGHT _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Eyes	_____	_____	_____
Blood Pressure	_____	_____	_____
Ears	_____	_____	_____
Mouth & Throat	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Extremities	_____	_____	_____
Hernia	No _____	Yes _____	Restrictions _____

Restricted Activity: _____

DATE _____ EXAMINING PHYSICIAN'S SIGNATURE _____

Parents: Please indicate in the following space any physical abnormalities found by another physician or noted by either parent (for example: heart murmurs, major surgeries, scoliosis, etc.). This is extremely important since children are generally unknowledgeable about their medical history . Also, please note whether or not the child has clearance from his attending physician for the abnormality described.

ABNORMALITIES:

In addition to the above required physical examination, students should have some form of health insurance in case of an accident, since any costs incurred are the responsibility of the parent.

INSURANCE _____

Please sign below to indicate that your child has permission to be a participant in the Divine Grace Lutheran School athletic program.

PARENT SIGNATURE _____

DATE _____