## **Athletic Physical Examination Form**

Father's Name:  Mother's Name:  Additional Emergency Contact lenses or glasse Currently on medication	ontact  ry  ries neezing	School:  Person (in the Rela	event ne	either	S Home Ph Daytim Daytim parent can be	port: ione: e Phone: e Phone:	):		
Mother's Name:  Additional Emergency Contact lenses or glasse Currently on medication  Chronic illness	ry  ries neezing	Person (in the	e event ne	either	Daytim Daytim parent can be	e Phone: e Phone: reached	):		
Father's Name: Mother's Name: Additional Emergency Coname:  Medical Histor  Any significant past injury Allergies, asthma, or who Contact lenses or glasse Currently on medication Chronic illness	ry  ries neezing	Person (in the	e event ne	either	Daytim Daytim parent can be	e Phone: e Phone: reached	):		
Mother's Name:  Additional Emergency Contact lenses or glasse Currently on medication  Chronic illness	ry  ries neezing	Person (in the	e event ne	either	Daytim	e Phone: reached	):		
Additional Emergency Contact lenses or glasse Currently on medication	ry  ries neezing	Person (in the	e event ne	either	parent can be	reached	):		
Medical Histor  Any significant past injur Allergies, asthma, or wh Contact lenses or glasse Currently on medication Chronic illness	ry ries neezing	Rela	tion:						
Any significant past injurallergies, asthma, or who Contact lenses or glasse Currently on medication Chronic illness	ries neezing				Dayti	THE PHONE			
Any significant past injurable Allergies, asthma, or who Contact lenses or glasse Currently on medication Chronic illness	ries neezing		Yes	No					
Allergies, asthma, or wh Contact lenses or glasse Currently on medication Chronic illness	neezing es	5	Yes	No					
Allergies, asthma, or wh Contact lenses or glasse Currently on medication Chronic illness	neezing es	Ş						Yes	No
Allergies, asthma, or wh Contact lenses or glasse Currently on medication Chronic illness	neezing es	<u> </u>			Hospitalizatio	ns or sur	geries		
Contact lenses or glasse Currently on medication Chronic illness	es	<u> </u>			Seizures	7115 01 541	80.100		
Currently on medication Chronic illness					Head injuries	or concu	ssions		
Chronic illness	ily mean	Currently on medication/medications		150	Bone or joint				
2- 100 mm						Il vaccinations			
Allorgios	Allergies			CONTRACTOR OF THE PARTY OF THE	Other:				
Physical Exam	n								
Re	esult	Comments				Result	Comments		
				Ne	urological				
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Nose				-					
Nose Throat				Ga	nito-urinary				
Nose				Ga:	nito-urinary strointestinal				
Nose Throat Eyes				Spi Me Car	nito-urinary strointestinal nal				

