Athletic Physical Form

Student’s Name: _______________________________

Date of Physical: ______________________________

Athletic Physical

Pre-Participation Physical Exam
PMH: ________________________________

Medications: ____________________________

Allergies: _______________________________

Tobacco: ________________________________

Ht.___________  Wt.___________  B/P_________________

Skin: ________________________________

HEENT: ______________________________

Neck: ______________________________

Lungs: ______________________________

Heart: ______________________________

Abd.: ______________________________

Back: ______________________________

Extremities: ________________________
Comments/Recommendations

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Individual is physically fit to participate in sports

Yes___________    No____________________

____________________________________________________
Physician Signature

Revised 7.21.09