



**Memorial Lutheran School  
Physician's Report/Sports Physical**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Abdomen \_\_\_\_\_

Eyes, ears, nose, throat \_\_\_\_\_

Hearing \_\_\_\_\_

**Joint Function (check all that are problem-free):**

Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_ Hips \_\_\_\_\_

Knees \_\_\_\_\_ Ankles \_\_\_\_\_ Feet \_\_\_\_\_

Hands \_\_\_\_\_ Wrists \_\_\_\_\_

**Circle Positive Points and explain Previous History of the following:**

Bone or Joint Disease and/or Injury	Unconsciousness	Allergies	
Heart Disease	Epilepsy	Diabetes	Head Injury
Hypertension	Renal	Disease	

Any explanations: \_\_\_\_\_

I certify that on this date I have examined the above student as indicated. Items have been checked and I recommend him/her as being physically able to participate in all of the supervised athletics listed below *except* for those circled.

SOCCKER VOLLEYBALL BASKETBALL CHEERLEADING  
CROSS COUNTRY TRACK/FIELD BASEBALL/SOFTBALL TENNIS  
ARCHERY SWIMMING

Date \_\_\_\_\_

Name of Examining Physician \_\_\_\_\_

Examining Physician's Signature \_\_\_\_\_