



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

Student Name \_\_\_\_\_ 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:

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 \_\_\_\_\_