

ASSUMPTION	
DESALES	

NAME: _____ BIRTHDATE: ____/____/____ Male ____ Female ____

ID NUMBER: _____ SCHOOL: _____ GRADE: _____

ADDRESS: _____ TELEPHONE: _____

PARENT/GUARDIAN: _____ FAMILY PHYSICIAN: _____

TO THE PARENT:

Please complete the Health History prior to the physical examination. Your signature is required.

If you answered Yes, please explain:

YES	NO	
1. _____	_____	Any chronic or recurrent illnesses? _____
2. _____	_____	Any illness lasting more than a week? _____
3. _____	_____	Any hospitalizations? _____
4. _____	_____	Any surgery other than tonsillectomy? _____
5. _____	_____	Any injuries requiring treatment by a physician? _____
6. _____	_____	Presently taking any medication? _____
7. _____	_____	Any problem with blood pressure or heart? _____
8. _____	_____	Any dizziness, fainting, convulsions, or frequent headaches? _____
9. _____	_____	Have you ever "passed out" or been "knocked out"? _____
10. _____	_____	Wear eyeglasses or contact lenses? _____
11. _____	_____	Wear any dental appliance such as braces, bridge, or plate? _____
12. _____	_____	Allergic to any medication (Aspirin, penicillin, etc.)? _____
13. _____	_____	Any knee injury? _____
14. _____	_____	Any knee surgery? _____
15. _____	_____	Any ankle injury? _____
16. _____	_____	Any history of neck injury? _____
17. _____	_____	Any other joint sprains or dislocations (shoulder, wrist, finger, etc.)? _____
18. _____	_____	Any broken bones? _____
19. _____	_____	Any organ missing other than tonsils (appendix, eye, kidney, testicles)? _____
20. _____	_____	Any heat exhaustion or heat stroke? _____
21. _____	_____	Any reasons why this applicant should not participate in sports? _____
22. _____	_____	Any menstrual problems? _____
23. _____	_____	Do you have to stop while running twice around ¼-mile track? _____
24. _____	_____	Have any close relatives of yours had a "heart attack" or "problem under age 50? _____

Date of most recent Tetanus Booster (Tetanus Booster required every 10 years). _____

If due please obtain with athletic physical.

Comments: _____

PARENTAL PERMISSION: I give permission for the above-named child to participate in the sport(s) approved by the Examiner under the auspices of the Walla Walla Catholic Schools, and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

DATE _____ SIGNATURE: PARENT/GUARDIAN _____

PHYSICIAN
MUST COMPLETE
THIS SIDE OF FORM

WALLA WALLA CATHOLIC SCHOOLS
STUDENT ATHLETE PHYSICAL EXAMINATION

ASSUMPTION
DESALES

PHYSICAL EXAMS ARE VALID FOR 24 MONTHS FROM DATE OF EXAM

NAME _____
LAST FIRST MI

GRADE 6 7 8 9 10 11 12

AGE: _____ HEIGHT: _____ inches WEIGHT: _____ pounds
PULSE: _____ BLOOD PRESSURE: _____
VISION: Left 20/_____ Right 20/_____ Contact Lens _____ Glasses _____

NORMAL

ABNORMAL

(describe findings below)

_____	1. Head	_____
_____	2. ENT	_____
_____	3. Teeth	_____
_____	4. Chest	_____
_____	5. Lungs	_____
_____	6. Heart	_____
_____	7. Abdomen	_____
_____	8. Genitalia	_____
_____	9. Neurological	_____
_____	10. Skin	_____
_____	11. Physical Maturity	_____
_____	12. Spine, Back	_____
_____	13. Upper Extremities	_____
_____	14. Lower Extremities	_____

Date of most recent Tetanus Booster: ____/____/____

If a Tetanus Booster is due, please obtain with athletic physical.

Assessment::

_____ Full participation
_____ Has following limitations, still may participate: _____
_____ May not participate for the following reasons: _____

Recommendations (equipment, taping, rehabilitation, etc.): _____

EXAMINER'S CERTIFICATION

I certify that I have on this date examined this pupil and find him/her physically able to compete in supervised Interscholastic activities NOT CROSSED OUT BELOW:

BASEBALL
BASKETBALL
CROSS COUNTRY
FOOTBALL
GOLF
CHEERLEADING
OTHER _____

SOCCER
SOFTBALL
TENNIS
TRACK
WRESTLING*
VOLLEYBALL

_____ Date

_____ Examiner's Signature

_____ Examiner's Name (print)

_____ Examiner's Phone

*Lowest weight at which student athlete
may participate in wrestling: _____ pounds.