

Pre-Participation Health Examination Record

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Parochial League.

The School Board of Education and its administration/coach have no responsibility to provide first aid at any of the games and the parent or guardian understanding that the student and parent assume the risk of injury, or death when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers, as volunteers or otherwise, and render aid to any student injured during the course of any such activities, then the parents do hereby release and forever discharge such persons and the School Board of Education and its administration/coaches from any liability arising out of any first aid or immediate treatment or injuries.

Name of Insurance: _____ Policy No. _____

Physical Examination (to be completed by physician)

Date: _____

Height: _____

Weight: _____

Pulse rate: _____

Blood pressure: _____/_____

Vision: Right _____/_____

Left _____/_____

(Check one)

Normal _____ Without corrective lens

_____ With corrective lens

Abnormal _____ Without corrective lens

_____ With corrective lens

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, nose, throat					
3. Mouth and teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest and lungs					
7. Abdomen					
8. Genitalia-hernia					
9. Sexual maturity					
10. Skin and lymphatic's					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation recommendation:

_____ No history or physical findings on this exam would prohibit this student from participating on the following requested sports:

_____ This student should have the following health problems evaluated or treated before participation recommendations can be made:

_____ This student has health problems that prohibit him or her from participating in the requested sports:

However , this student can participate in the following requested sports:

Physician