



**St. Thomas More School  
Chapel Hill, NC 27514**

**Athletic Physical Form**

**Please print clearly**

**Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**Age** \_\_\_\_\_

**Sport this physical will be used for** \_\_\_\_\_

<b>Answer the following questions as accurately as possible</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Elaboration of yes answers</b>
Has anyone in your family (grandparents, parents, brothers, sisters) died before age 50?				
Have you ever stopped exercising because you were dizzy or have you ever passed out during exercise?				
Have you ever been told you have a heart murmur or heart problem?				
Do you ever experience wheezing (asthma), difficult breathing or coughing while exercising?				
Have you ever broken a bone, dislocated a joint or had to wear a cast? List joints.				
Have you ever had a concussion, head/neck/back injury, or tingling or numbness in your arms/legs?				
Have you ever had a heat-related illness (heat stroke, heat exhaustion)? Or had difficulty exercising in warm/hot weather?				
Do you have anything you want to talk to the doctor about?				
Do you have a chronic illness or see a doctor regularly for any particular problem?				
Are you taking any medications? List drug(s), dosage, times/day.				
Are you allergic to any medications or bee stings? List medications.				
Do you have only one of any paired organ (eyes, kidneys, testicles, ovaries, etc.)?				
Do you wear contacts or eye glasses?				
Do you feel you are over or under weight or are you on a special diet?				
Has a doctor ever told you to give up sports or limit your activity because of a health related problem?				

**I understand that this is a participation physical screening. Any questionable findings will be reported and must be followed up with your family physician in order to participate. I understand that participation in athletic competition can result in injury. I hereby release St. Thomas More, their employees, and agents from any and all liability that may result from my child's participation in St. Thomas More sports program.**

**I have read and agree with the answers of the above medical history for my child.**

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Date**

**A. Vital Statistics:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Temperature \_\_\_\_\_ Heart Rate \_\_\_\_\_ Resting Rate \_\_\_\_\_

Date of last Tetanus booster \_\_\_\_\_

**B. Musculoskeletal Exam:**

	Normal	Abnormal	Record laxity, weakness, instability, decreased ROM (if abnormal)
Neck			
Knee			
Ankle			
Shoulder			
Feet			
Scoliosis/Spine			
Other Orthopedic Problems			

**C. Physicians Exam:**

	Normal	Abnormal	Not Done	Comments
ENT				
Chest				
Abdomen				
Genitalia				
Skin				

**Physician's Assessment and Comments:**

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**Recommendations:**

1. Cleared \_\_\_\_\_ 2. Not Cleared \_\_\_\_\_ 3. Plan \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date

\_\_\_\_\_  
Print Name Phone number