

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:

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

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.

SWIMMING BASKETBALL VOLLEYBALL CHEERLEADING

SOCCER SOFTBALL BASEBALL TENNIS TRACK/FIELD GOLF

Date _____

Name of Examining Physician _____

Signature _____