

Saint Paul School

Kensington, CT

School Year _____ Date _____

Name _____ Grade _____

Is there a history of (answer all the following *Yes* or *No* and explain):

Heart disease _____ Congenital _____ Knee Injuries _____

Rheumatic Fever _____ Allergies: pollen _____

Lung Disease _____ Insects: sting/bites _____

Blood Dyscrasia - Bleeder/Other _____ Medications _____

Kidney Disorders _____ Others _____

Fractures - complicated _____ Hospitalizations _____

uncomplicated _____ Operations _____

Dislocations; i.e. joints _____ Others _____

Parents' remarks _____

I give permission for _____ to participate in the
Student's Name

following sports (name all sports): _____

_____. I assume the responsibility for notifying the school for
any change in my child's health both before and during participation in any sports activity.

Parent's Signature _____ Date _____

THIS SECTION IS TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Height & Weight _____	Abdomen _____	Does this student need medical care? _____
Blood Pressure _____	Hernia _____	_____
Eyes _____	Ears _____	Is there any physical reason why this student cannot participate in a complete physical fitness program? _____
Lymph Nodes _____	Skin _____	Can this student participate in contact and/or collision sports? _____
Thyroid _____	Nutrition _____	This examination shows satisfactory condition to engage in (name of sports): _____
Nose _____	Extremities _____	_____
Throat _____	Nervous System _____	_____
Teeth _____	Heart _____	_____
Gums _____	Heart Murmurs _____	_____
Hemoglobin _____	EKG required if _____	_____
Lungs _____	heart murmur _____	_____
_____	Urinalysis _____	_____

Date of Examination: _____
Signature of Physician _____ Date _____

For office use only: _____
Printed or typed name of Physician

Approved by: _____ Address: _____

Date: _____ Telephone: _____

PLEASE NOTE: Sports physicals must be within the year of the start of each sport season.