

St. Joseph School
1138 Seminole Avenue
West St. Paul Mn 55118
Phone 651-457-8550 Fax 651-457-0780

Preparticipation Sports Physical

Parents to Fill Out

Student Name _____
Date of Birth _____ **Doctor** _____
Grade _____ **Clinic Address** _____

Phone _____

Physician to fill out

(please check) **Yes** **No** **Comments**

Health History

Skeletal

scoliosis _____
previous fractures/sprains _____
atlanto axial instability _____

Cardiovascular

heart infections/carditis _____
rheumatic fever _____
heart murmur _____
congenital heart disease _____
palpitations/chest pain _____
high blood pressure _____

Respiratory

asthma/wheezing _____
shortness of breath _____
pulmonary insufficiency _____

Neurologic

history of serious head injury/spine injury _____
loss of consciousness _____
seizures _____
eye problems/vision problems _____

Gastrointestinal/genitourinal

enlarged liver _____
inguinal hernia _____

Hematologic

enlarged spleen _____
sickle cell disease _____
anemia _____

Allergies _____

Present Medications:

name _____ dose _____ frequency _____

(see reserve side)

Surgeries _____

Immunizations:

last tetnus booster _____

MMR _____

Hepatitis _____

Conditions which may result in emergency _____

Date of Physical Exam _____

Height _____ Weight _____
HR _____ RR _____ BP _____ Temp _____

(N) normal (X) abnormal

Appearance _____
Skin/scalp _____
Head _____
Eyes/Acuity _____
E.N.T. _____
Lymph _____
Chest _____
Lungs _____
Abdomen _____
Cardiac _____
GU _____
Back _____
Extremities _____
Neuro _____

Lab:

Hgb/Hct _____ Urine _____ Protein _____ Blood _____

I HEREWITH CERTIFY THAT _____
(IS / IS NOT) _____ PHYSICALLY FIT TO PARTICIPATE IN ST. JOSEPH'S
SCHOOL INTERSCHOLASTIC ATHLETICS.

ANY LIMITATIONS TO PARTICIPATION IN PHYSICAL EDUCATION?
(YES/NO) _____ REASON: _____

Signature of Doctor _____ Date _____

