



**Trinity Lutheran School  
Physical Examination Form**

Physical exams are needed for new students, PreK- 1<sup>st</sup>, 5<sup>th</sup>, and required yearly (preferably in the summer) for athletic participation

Student Name \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Dr Phone Number \_\_\_\_\_

History of illness, injuries, surgeries:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Allergies, Asthma, Hay fever:  
\_\_\_\_\_  
\_\_\_\_\_  
  
**Immunization Card:** is required by the State. We must have a card filled out and signed by the Doctor and kept up to date with all immunizations required for age.  
**Required Immunizations:** DPT, Polio, MMR, DT, Varicella, Hep B, Hib  
**Other:** TB test, Lead Screening, Dental exam, Eye exam  
Current Medications: \_\_\_\_\_  
Medications taken at school: \_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_ Weight \_\_\_\_ BMI \_\_\_\_ BMI % \_\_\_\_  
B.P. \_\_\_\_\_ Pulse \_\_\_\_\_  
Hgb \_\_\_\_\_ HCT \_\_\_\_\_  
Urinalysis: Sp. Gr. \_\_\_\_\_ Sugar \_\_\_\_\_  
Albumin \_\_\_\_\_ Micro \_\_\_\_\_  
Vision Acuity (R) \_\_\_\_\_ (L) \_\_\_\_\_  
Both \_\_\_\_\_ Corrected: y/n \_\_\_\_\_  
EENT \_\_\_\_\_  
Lymph Glands \_\_\_\_\_  
Neurological findings: \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Genitalia \_\_\_\_\_  
Menses \_\_\_\_\_  
Muscular/ Skeletal \_\_\_\_\_  
Scoliosis \_\_\_\_\_  
Any Referrals? \_\_\_\_\_  
Recommendations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Education and Athletic program:** Full & Unlimited \_\_\_\_\_ Restricted \_\_\_\_\_  
If restricted, reason or diagnosis? \_\_\_\_\_  
If limited program is recommended, what activities may he/she not enter? \_\_\_\_\_  
Physician's recommendations \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date of exam: \_\_\_\_\_ Printed  
Name of Physician \_\_\_\_\_

## QUESTIONNAIRE FOR ATHLETIC PHYSICAL EXAMINATION

According to the IHSA Association, every year any student at Trinity Lutheran School that wishes to participate in athletics shall present to the athletic director a health certificate signed by a licensed physician, to the effect that the physician has examined the student and that this student may safely engage in athletic competition.

To be completed by Parent/ Guardian:

Has the student:

- Had any injuries requiring medical attention? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Had any head or neck injuries? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
  - If so, any headaches or nausea as a result? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Had any convulsions? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Had any illness lasting more than a week? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Had any surgical operation? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Been in a hospital? (Except for a tonsillectomy) ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Had rheumatic fever? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Had chronic illness (blood disease, epilepsy, diabetes)? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Been taking any medication now? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the student have any allergies or drug reactions? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the student under a physician's care now? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the student wear glasses or contact lenses? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you know of any reason why the student should not  
participate in all sports? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any yes answers below:

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- Has he/she had complete immunizations? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Tetanus Toxoid and booster within the last three years: ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Date: \_\_\_\_\_
- Has he/she seen a dentist within the past year? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Does he/she wear dentures? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date of exam:** \_\_\_\_\_

**Printed Name of Physician** \_\_\_\_\_