

Alleman High School ♦ 2016-17 Academic Year

**SPORTS PHYSICAL**

Student-Athlete's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male/Female: \_\_\_\_\_ 2016-17 Grade: \_\_\_\_\_

**HISTORY**

Allergies \_\_\_\_\_

Health Concerns \_\_\_\_\_  
(diabetes, asthma, seizures, heart problems, etc.)

Any family history of cancer? \_\_\_No \_\_\_Yes

If yes explain \_\_\_\_\_

**PHYSICAL EXAMINATION**

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

Pulse resting \_\_\_\_\_ After 15 hops \_\_\_\_\_ After 2 minutes \_\_\_\_\_

General Posture \_\_\_\_\_

Heart (Sitting and Standing) \_\_\_\_\_

Lungs \_\_\_\_\_

Neck \_\_\_\_\_

Shoulder/Arm \_\_\_\_\_

Elbow/Forearm \_\_\_\_\_

Wrist/Hand \_\_\_\_\_

Back \_\_\_\_\_

Hip/Thigh \_\_\_\_\_

Knee \_\_\_\_\_

Shin/Calf \_\_\_\_\_

Ankle/Leg \_\_\_\_\_

Foot \_\_\_\_\_

*On the basis of this examination, I approve this student's participation in interscholastic sports for 395 days from this date.*

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Examination Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Physicians Signature / Print Name \_\_\_\_\_

Physician's Assistant Signature / Print Name\* \_\_\_\_\_

Advanced Nurse Practitioner Signature / Print Name\* \_\_\_\_\_

\* Effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals. (IHSA)