

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

Health History	<i>(please check)</i>	Yes	No	Comments
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: _____

I ast 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** _____