



Athletic Physical Form

Student's Name: _____

Date of Physical: _____

Athletic Physical

Pre-Participation Physical Exam

PMH: _____

Medications: _____

Allergies: _____

Tobacco: _____

Ht. _____ Wt. _____ B/P _____

Skin: _____

HEENT: _____

Neck: _____

Lungs: _____

Heart: _____

Abd.: _____

Back: _____

Extremities: _____

Comments/Recommendations _____

Individual is physically fit to participate in sports

Yes _____ No _____

Physician Signature

Revised 7.21.09