

# KIRKWOOD'S ATHLETIC PHYSICAL FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

Last Tetanus Booster \_\_\_\_\_

Eye Exam: (Snellen's Chart) Rt \_\_\_\_\_ Lt \_\_\_\_\_ Eye Glasses/Contacts: Yes or No

Whisper Test: Rt \_\_\_\_\_ Lt \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Environmental Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Medical or Emotional Conditions \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### EXAMINED

PROVIDER'S ASSESSMENT	YES	NO	COMMENTS
Neurological (Seizures/head injury)			
Respiratory			
Cardiovascular			
Gastrointestinal/Hernia			
Musculoskeletal			
Metabolic/Endocrine/Thyroid			
Genito/Urinary			
Impaired function of loss of paired organs			
Substance Use (tobacco, alcohol, recreational drugs, caffeine)?			
Previous sports injuries			
Ever experienced passing out, shortness of breath or irregular heartbeat during exertion?			
Other (Psychiatric)			

The student has been examined by me and is physically able to participate in sports.

\_\_\_\_\_  
 Health Provider's Signature

\_\_\_\_\_  
 Date

**ANTICIPATOIRY GUIDANCE:**

No Smoke \_\_\_\_\_ Seatbelt Use \_\_\_\_\_ Nutrition \_\_\_\_\_ Firearms \_\_\_\_\_

Hepatitis B Vaccines \_\_\_\_\_ No Alcohol \_\_\_\_\_ Helmets \_\_\_\_\_

TSE \_\_\_\_\_ Illness Care \_\_\_\_\_