

ANCILLA ATHLETIC PHYSICAL

NAME _____ SCHOOL YEAR _____ AGE _____

ANCILLA APT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HIGH SCHOOL ATTENDED _____ CITY _____

PARENT'S NAME _____ PARENT'S PHONE _____

SPORT(S) _____

CIRCLE ONE

YES NO 1. HAS HAD INJURIES REQUIRING MEDICAL ATTENTION

YES NO 2. HAS HAD INJURY LASTING MORE THAN A WEEK

YES NO 3. IS CURRENTLY UNDER PHYSICIAN'S CARE

YES NO 4. CURRENTLY TAKES MEDICATION

YES NO 5. WEARS GLASSES (CONTACT LENSES- YES NO)

YES NO 6. HAS HAD A SURGICAL OPERATION

YES NO 7. HAS BEEN IN THE HOSPITAL

YES NO 8. DO YOU KNOW OF ANY REASON WHY THE INDIVIDUAL SHOULD NOT PARTICAPATE IN ALL SPORTS?

PLEASE EXPLAIN ANY YES ANSWERS TO THE ABOVE QUESTIONS _____

YES NO 9. HAS HAD POLIOMYELITIS

YES NO 10. HAS HAD A DENTAL CHECK-UP WITHIN THE PAST 6 MONTHS

YES NO 11. MOST RECENT TETANUS TOXOID IMMUNIZATION DATE _____

12. LIST KNOWN ALLERGIES _____

PHYSICIAN'S CERTIFICATE

NAME _____ AGE _____ HEIGHT _____ WEIGHT _____ B/P _____

EXAMINATION SATISISFACTORY UNSATISFACTORY NOT EXAMINED

VISION _____ HERNIA, GENITALIA _____

HEARING _____ MUSCULOSKELETAL _____

RESPIRAORY _____ SKIN _____

CARDIOVASCULAR _____ NEUROLOGICAL _____

LIVER, SPLEEN, KIDNEY _____ OTHER _____

I CERTIFY THAT I HAVE EXAMINED THIS STUDENT-ATHLETE AS INDICATED AND FIND HIM/HER PHYSICALLY ABLE TO COMPETE IN SUPERVISED COLLEGE ATHLETICS AT ANCILLA COLLEGE.

LIST SPORTS NOT QUALIFIED _____

PHYSICIANS SIGNATURE _____

PHYSICIANS ADDRESS _____

DATE OF EXAMINATION _____