ENCORE HIGH SCHOOL FOR THE ARTS
GRADES 7-12

MEDICAL HISTORY/PHYSICAL EXAM FORM

Name: _____ Birth Date: _____ Gender: M F

Grade: _____ Circle which conservatory class/s you will be participating in: Dance Circus Arts

Father's Name: _____ Best Phone Number: _____

Mother's Name: _____ Best Phone Number: _____

Additional Emergency Contact Person: (in the event neither parent can be reached)

Name: _____ Relation: _____ Best Phone Number: _____

	Yes	No		Yes	No
Any significant past injuries			Hospitalizations or surgeries		
Allergies, asthma, or wheezing			Seizures		
Contact lenses or glasses			Head injuries or concussions		
Currently on medication/medications			Bone or joint injuries		
Chronic illness			Current on all vaccinations		
Allergies			Other:		

Comments: _____

_____

	Result	Comments		Result	Comments
Ears			Neurological		
Nose			Genito-urinary		
Throat			Gastrointestinal		
Eyes			Spinal		
Skin			Mental Health		
Dental/Mouth			Cardiovascular		
Lungs			Musculoskeletal		

Final Diagnosis: _____

_____

_____

I approve this student's participation in an interscholastic sport for one year. Yes No

Physician/PNP Name: _____

Physician/PNP Signature: _____ Date: _____