ENCORE HIGH SCHOOL FOR THE ARTS
GRADES 7-12

Athletic Physical Examination Form

Name: ______________________ Birth Date: ______________ Gender: M F

Grade: ____________ School: ________________ Sport: ______________

Address: ____________________________ Home Phone: ______________

Father's Name: __________________________ Daytime Phone: ____________

Mother's Name: __________________________ Daytime Phone: ____________

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

Name: ________________ Relation: __________ Daytime Phone: ____________

Medical History

	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: ____

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Physical Exam

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

Final Diagnosis: ____

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

Physician/PNP Name: ______________________________________

Physician/PNP Signature: ____________________________ Date: __________

Parent Signature: ______________________________________