

**Alleman High School**  
**SPORTS PHYSICAL**  
2011-12 Academic Year

Student-Athlete's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

***HISTORY***

Allergies \_\_\_\_\_

Health Concerns \_\_\_\_\_

(diabetes, asthma, seizures, heart problems, etc.)

***PHYSICAL EXAMINATION***

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Pulse resting \_\_\_\_\_ After 15 hops \_\_\_\_\_ After 2 minutes \_\_\_\_\_

General Posture \_\_\_\_\_

Heart (Sitting and Standing) \_\_\_\_\_

Lungs \_\_\_\_\_

Neck \_\_\_\_\_

Shoulder/Arm \_\_\_\_\_

Elbow/Forearm \_\_\_\_\_

Wrist/Hand \_\_\_\_\_

Back \_\_\_\_\_

Hip/Thigh \_\_\_\_\_

Knee \_\_\_\_\_

Shin/Calf \_\_\_\_\_

Ankle/Leg \_\_\_\_\_

Foot \_\_\_\_\_

Any family history of cancer? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes explain \_\_\_\_\_

On the basis of today's examination, I approve this student's participation in interscholastic sports for one year.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Examination Date \_\_\_\_\_

Physicians Signature \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_

Advanced Nurse Practitioner Signature\* \_\_\_\_\_

\* Effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.