

Alleman High School ♦ 2023-24 Academic Year

SPORTS PHYSICAL

Student-Athlete's Name: _____

Birth Date: _____ / _____ / _____ 2023-2024 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.