

LINCOLN ACADEMY SCHOOL PHYSICAL EXAMINATION FORM

Name _____ Gender _____ D.O.B _____ Grade _____
 Date _____ Parent/Guardian _____
 Height _____ Weight _____ HR _____ Blood Pressure _____
 Vision R _____ L _____ Glasses Yes No Contacts Yes No

Please explain all abnormal responses	Normal	Abnormal	Please explain all abnormal responses	Normal	Abnormal
Nutrition			Heart		
Skin			Lungs		
Eyes			Abdomen		
Ears			Hernia		
Nose			Genitalia		
Throat			Bones and Joints		
Teeth			Scoliosis		
Thyroid			Tanner Stage 1 2 3 4 5		
Nodes			Other		
Immunizations: Kindergarten complete series, other grades update new immunizations only					
DTaP			MMR		
Polio			HepB		
Varicella Vaccine			Varicella Date of DX		
Tetanus			Other		
Please list any chronic illnesses, allergies and medications: _____					

Physician's Signature: _____ Date: _____

For Sports Participation Only

Please explain all abnormal responses	Normal	Abnormal	Please explain all abnormal responses	Normal	Abnormal
Neck			Quad/Hamstring		
Shoulder			Ankle/Feet		
Elbow			Back/Spine		
Hands			Toe Heel Walk		
Wrist			Duck Walk		
Knees			Other		

This student has been evaluated in the following areas and has been found physically able to participate in school interscholastic activities. (circle yes or no)

	Cleared	Not Cleared	Modifications or Exceptions
Collision Sports			
Contact Sports			
Noncontact Sports			

 Signature and Printed Name of Attending Physician

 Date

Lincoln Academy Health History

Student Name: _____

Grade: _____

Yes No

1)	Have you ever had an illness that required hospitalization or that lasted longer than a week?		
2)	Have you ever had an illness or injury that caused you to miss 3 days of practice or competition?		
3)	Do you have any allergies? (medications, insect stings, asthma, hay fever, food)		
4)	Have you ever had surgery?		
5)	Do you have any chronic illnesses? Please circle any of the following that you have had: anxiety/ asthma / abnormal bleeding / bruising / broken bones / dislocation /depression/ heart murmur / palpitations / high blood pressure / rheumatic fever / seizures / anemia / diabetes / hearing impairment / hepatitis / jaundice / loss of eye sight/ scoliosis / sickle-cell disease / undescended testicle / other: _____		
6)	Have you ever been hospitalized due to illness or injury?		
7)	Have you ever had an injury that required x-rays?		
8)	Do you take any medications? (include vitamins and non prescription medications)		
9)	Have any members of your family under age 50 had a heart attack, heart problem or died unexpectedly?		
10)	Have you ever been dizzy, had chest pain or passed out during or after exercise?		
11)	Have you ever been unconscious or had a concussion(head trauma)?		
12)	Are you able to run 1/2 mile without stopping?		
13)	Do you wear glasses or contacts?		
14)	Do you wear dental bridges, braces, or plates?		
15)	Have you ever had a heart murmur, high blood pressure or a heart abnormality?		
16)	Do you have any allergies to medications?		
17)	Are you missing a kidney, eye, testicle or ovary?		
18)	Have you had any immunizations in the past year?		
19)	For Women At what age did you experience your first menstrual period? In the last year, what is the longest time you have gone between periods?		
20)	Explain any "yes" answers _____ _____ _____		
21)	In which sports do you wish to participate? _____		
22)	Do you have any concerns about your health? _____		
23)	Primary Doctor: _____	Dentist: _____	

Phone: _____

Phone: _____

I do not know of any existing physical condition or additional health reason that would preclude participation in sports or other school activities. I certify that the answers to the above questions are true and accurate. I approve participation in athletic/ school activities. I hereby release this information to the school nurse. I give permission for the exchange of information between the doctor and the school nurse. In case of an accident or serious illness, the school will make every effort to contact you or a designate and has permission to make whatever arrangements are deemed necessary.

Signature and Printed Name of Parent/Guardian

Date