The Cathedral School
Physical Examination Form

***Note to physician: The Cathedral School requires all students participating in the athletic program to have a current physical which will be good for all athletic activities for 12 months from the date of exam.**

Student Information (Printed):

Student Name : _____DOB: _____ Grade: _____

Name of Parent or Guardian: _____

Previous Medical History of Student (to be completed by Physician):

Does the student have any drug allergies?
If yes, please specify:

To your knowledge, has the student been treated for, or does the student have any emotional or psychological problems?
If yes, please explain:

Does the student have any disorders such as Diabetes, Heart Disease, Epilepsy or past serious injuries or surgeries?
If yes, please specify:

Physical Examination:

Weight: _____ Height: _____ B.P. _____ Pulse: _____Hearing Rt:_____ Lt: ____

Vision: Rt:_____Lt: _____ Heart: _____Lungs:_____ Abdomen: _____Hernia:_____

Disabilities: _____

Limitations:

Is this student able to participate in Physical Education? Yes No
If not, please explain:

Is this student able to participate in all athletics? Yes No

If not, this should be omitted: Soccer: _____ Basketball:: _____ Volleyball: _____ Cross Country: _____

Physicians Signature: _____

Physicians Name (print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Last Examination Date Completed: _____