

**WEST SENECA CENTRAL SCHOOL DISTRICT
PHYSICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS**

Student Name: _____ ☐ M ☐ F Date of Birth: _____

Address: _____ Grade: _____ School: _____

Medical Self-History: (To be completed by parent/guardian)

Head/Neck Injury _____	Epilepsy _____
Concussion _____	Hernia _____
Fractures _____	Chest Pain _____
Dislocations _____	Heart Disease _____
Knee Cartilage _____	Lung Disease _____
Other Joints _____	Kidney Disease _____
Diabetes _____	Blood Dyscrasia (Bleeder) _____

Did any family member die of heart disease at a young age? _____

Asthma: ☐ YES ☐ NO uses inhaler ☐ YES ☐ NO

Office use only:

given RAD form ☐ YES ☐ NO

Significant Medical/Surgical history: _____

Allergies: _____

Medications taken regularly: _____

Parent/Guardian Signature: _____ **Date:** _____

Height (inches): _____ Weight (pounds): _____ B.M.I: _____

Blood Pressure: _____ Pulse: _____

PHYSICAL EXAMINATION (N - Normal, P - Pathology)

Heart _____	Lungs _____	Scoliosis: <input type="checkbox"/> positive <input type="checkbox"/> negative
Hernia _____	Abdomen _____	
Orthopedic _____	Abnormalities _____	Tanner Stage:
Extremities _____	Last Menstrual Period _____	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V

Head / Ear / Nose / Throat _____

Indicate any known congenital defects _____

☐ Pass ☐ Fail

Physician's Name (Print)

Physician's Signature

Date of Physical _____

Comments/Remarks: _____

