

Our Lady of Lourdes School
Physical Examination Form for Athletic Participation 2022 – 2023
 The date of physical must be no more than 12 months prior to the date of
 try-outs for each sport season.

Student: _____

Grade: _____ DOB: _____

Mother's Name: _____

Day Phone: _____ Mobile: _____ Email: _____

Father's Name: _____

Day Phone: _____ Mobile: _____ Email: _____

TO BE COMPLETED BY PHYSICIAN

Date of Physical: _____

Known Medical
 Conditions: _____

Known Allergies:

	Normal	Abnormal	Description
Eyes			
ENT			
Heart			
Lungs			
Abdomen			
Musculoskeletal			
Neurological			
Skin			

Is this student able to participate in athletics? _____ (y/n)

Which activities, if any, should be omitted?

Physician Name and Phone Number:

Physician Signature:
