

**St. Joseph School**  
**1138 Seminole Avenue**  
**West St. Paul Mn 55118**  
 Phone 651-457-8550 Fax 651-457-0780

**Preparticipation Sports Physical**

**Parents to Fill Out**

**Student Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Doctor** \_\_\_\_\_  
**Grade** \_\_\_\_\_ **Clinic Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_

**Physician to fill out**

<b>Health History</b>	<i>(please check)</i>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>Skeletal</b>				
scoliosis _____				
previous fractures/sprains _____				
atlanto axial instability _____				
<b>Cardiovascular</b>				
heart infections/carditis _____				
rheumatic fever _____				
heart murmur _____				
congenital heart disease _____				
palpitations/chest pain _____				
high blood pressure _____				
<b>Respiratory</b>				
asthma/wheezing _____				
shortness of breath _____				
pulmonary insufficiency _____				
<b>Neurologic</b>				
history of serious head injury/spine injury _____				
loss of consciousness _____				
seizures _____				
eye problems/vision problems _____				
<b>Gastrointestinal/genitourinal</b>				
enlarged liver _____				
inguinal hernia _____				
<b>Hematologic</b>				
enlarged spleen _____				
sickle cell disease _____				
anemia _____				

**Allergies**

<b>Present Medications:</b>		
name	dose	frequency
_____	_____	_____
_____	_____	_____

(see reserve side)

**Surgeries** \_\_\_\_\_

**Immunizations:** \_\_\_\_\_

I ast tetnus booster \_\_\_\_\_

MMR \_\_\_\_\_

Hepatitis \_\_\_\_\_

**Conditions which may result in emergency** \_\_\_\_\_

**Date of Physical Exam** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_  
HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_

	<b>(N) normal</b>	<b>(X) abnormal</b>
Appearance		
Skin/scalp		
Head		
Eyes/Acuity		
E.N.T.		
Lymph		
Chest		
Lungs		
Abdomen		
Cardiac		
GU		
Back		
Extremities		
Neuro		

**Lab:**  
Hgb/Hct \_\_\_\_\_ Urine \_\_\_\_\_ Protein \_\_\_\_\_ Blood \_\_\_\_\_

**I HEREWITH CERTIFY THAT \_\_\_\_\_  
(IS / IS NOT) \_\_\_\_\_ PHYSICALLY FIT TO PARTICIPATE IN ST.  
JOSEPH'S SCHOOL INTERSCHOLASTIC ATHLETICS.**

**ANY LIMITATIONS TO PARTICIPATION IN PHYSICAL EDUCATION?  
(YES/NO) \_\_\_\_\_ REASON: \_\_\_\_\_**

**Signature of Doctor** \_\_\_\_\_ **Date** \_\_\_\_\_