



**DIOCESE OF TRENTON  
ELEMENTARY SCHOOL SPORTS PHYSICAL FORM  
GRADES K-8**

**Student's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**EXAMINATION:**

Height _____	Weight _____	B/P _____
	Hearing _____	Vision _____
Heart _____	Lungs _____	Abdomen _____
Hernia _____	LymphNodes _____	Thyroid _____
Scoliosis _____	Genito-Urinary _____	Skin _____
Orthopedic _____	Feet _____	Nose _____
Throat _____	Mouth/Teeth _____	Nervous System _____

**Comments** \_\_\_\_\_  
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**MEDICATIONS PRESENTLY PRESCRIBED** \_\_\_\_\_  
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**ALLERGIES:** \_\_\_\_\_

**TREATMENT:** \_\_\_\_\_  
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**HISTORY OF:**

Asthma _____	Allergies _____	Heart Problems _____
Fractures _____	Eye Problems _____	Diabetes _____
Hypoglycemia _____	Headaches _____	Nose Bleeds _____
Congenital Defects _____	Operations _____	
Injuries _____	Drug Sensitivities _____	
Drug Sensitivities _____	Other Health Problems _____	

**Comments** \_\_\_\_\_  
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**PHYSICIAN'S FINDINGS PERTINENT TO PARTICIPATION IN ATHLETIC ACTIVITIES:**

Full Participation Allowed \_\_\_\_\_  
 Limited Participation Allowed \_\_\_\_\_  
 No Participation Allowed \_\_\_\_\_  
 Restriction on Activity \_\_\_\_\_

Physician's Name and  
Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date of Physical \_\_\_\_\_

**RETURN TO: SCHOOL NURSE'S OFFICE**

