

Central Catholic High School Lawrence, Massachusetts

Physical Examination Form

(To be completed by a Physician)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VACCINATION INFORMATION

Table with 6 columns: VACCINE, DATE, VACCINE, DATE, VACCINE, DATE. Rows include DTP/DtaP/DT, OPV/IPV, and HIB.

Table with 6 columns: VACCINE, DATE, VACCINE, DATE, VACCINE, DATE. Rows include Adult Td, MMR, and Hepatitis B.

Chickenpox History (Check here for reliable history of chickenpox) VARIVAX DATE
- physician interpretation of parent description of chickenpox
- physician diagnosis of chickenpox
- serological proof of immunity

TUBERCULIN TEST: \_\_\_\_\_ RESULTS: \_\_\_\_\_

GENERAL PHYSICAL INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Significant Past Illness or Injury: (please list/describe) \_\_\_\_\_

Nutritional Status: \_\_\_\_\_

Vision: Eyes R: 20/\_\_\_\_ L: 20/\_\_\_\_ Glasses? Yes No Hearing: Ears R\_\_\_\_ L\_\_\_\_

Nose\_\_\_\_ Mouth\_\_\_\_ Teeth\_\_\_\_ Throat\_\_\_\_

Skin\_\_\_\_ Lungs\_\_\_\_ Heart\_\_\_\_

Abdomen\_\_\_\_ Liver\_\_\_\_ Spleen\_\_\_\_ Hernias\_\_\_\_

Posture/Spine\_\_\_\_ Neck\_\_\_\_

Musculoskeletal\_\_\_\_ Neurological\_\_\_\_ Genitalia\_\_\_\_

Able to Participate in Sports/Athletics \_\_\_\_\_

Specific Recommendations for Participation (ie., braces...) \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_ Physician's Name \_\_\_\_\_

(Please Print)

Physician's Signature: \_\_\_\_\_

**Central Catholic High School**

**Lawrence, Massachusetts**

**HEALTH HISTORY (To Be Completed by Parent/Guardian)**

**Class of 20\_\_\_\_\_**

Student's Name: \_\_\_\_\_ School ID No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

1) When did your child last see a medical doctor in the past two years? (Please Explain)  
Date \_\_\_\_\_  
Date \_\_\_\_\_

2) Does/Has your child have/had a disease(s) that affects the function of the eye, ear, heart, kidney, muscles, lung or immune system? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

3) List any operations, fractures, sprains or bone dislocations.  
Date/Age \_\_\_\_\_  
Date/Age \_\_\_\_\_  
Date/Age \_\_\_\_\_  
Date/Age \_\_\_\_\_

- 4) Has your child ever had any of the following? **Please circle Y for Yes, or N for No**
- |                                   |   |   |                            |   |   |
|-----------------------------------|---|---|----------------------------|---|---|
| a) Asthma and/or Allergies        | Y | N | k) Mononucleosis           | Y | N |
| b) Fainting and/or Convulsion     | Y | N | l) Pnuemonia               | Y | N |
| c) Heart Murmur/Heart Condition   | Y | N | m) Hepatitis               | Y | N |
| d) Rheumatic Fever                | Y | N | n) Bronchitis              | Y | N |
| e) Kidney Disease or Injury       | Y | N | o) Head Injury             | Y | N |
| f) Heat Stroke/Heat Exhaustion    | Y | N | p) Concussion              | Y | N |
| g) Diabetes                       | Y | N | q) Seizure                 | Y | N |
| h) Menstrual Problems             | Y | N | r) Serious Dental Problems | Y | N |
| i) Blood Disorders                | Y | N | s) Tumors                  | Y | N |
| j) Arthritis and/or Joint Redness | Y | N | t) Bridges or False Teeth  | Y | N |

**PLEASE EXPLAIN ANY "YES" ANSWERS TO ABOVE QUESTIONS:** \_\_\_\_\_

**PLEASE LIST ANY OTHER SERIOUS ILLNESS OR INJURY NOT LISTED ABOVE:** \_\_\_\_\_

5) Does your child take any medication now? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what? \_\_\_\_\_

6) Does your child wear contact lenses or glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Do you know any reason for your child **NOT** to participate in athletic programs/sports?  
\_\_\_\_\_

**\*\*\* PARENTS PLEASE NOTE..... TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS, WE MUST KNOW WHAT YOUR PRIMARY HOME HEALTH INSURANCE PLAN IS CALLED.**

NAME OF PLAN: \_\_\_\_\_ INSURANCE NUMBER: \_\_\_\_\_

I hereby give permission for my child to participate in (list sports) \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**