

School Sports Physical Examination Form

Student Information

Student Name

Date of Birth

Grade

School Name

School Year

Parent/Guardian Name

Phone Number

Medical History

Allergies

Current Medications

Past Illnesses/Injuries

Vital Signs

Height

Weight

Blood Pressure

Pulse

Physical Examination

Vision

Hearing

Exam Notes / Abnormal Findings

Participation Clearance

☐

Cleared for all sports

☐

Cleared with restrictions

☐

Not cleared

If restrictions or not cleared, describe:

Examiner Name

Examiner Signature

Date