

GSCS Physical Examination Form 2021-2022

Note to physician: Good Shepherd Catholic School requires all students participating in the athletic program must have a current physical which will be good for all athletic activities for 12 months from the date of exam.

Student Info (to be completed by Parents):

Name of Student: _____ DOB: _____ Entering Grade: _____

Name of Parent or Guardian: _____

Is your child planning on participating in athletics during the 2018-2019 school year? _____

*If yes please submit a copy of this physical to the main office. Please note. Keep your original copy with your records.

Previous Medical History of Student (to be completed by Physician):

Does the student have any drug allergies?

If yes, please specify: _____

To your knowledge, has the student been treated for, or does the student have any emotional or psychological problems? _____

If yes, please explain: _____

Does the student have any disorders such as Diabetes, Epilepsy, Heart Disease or past serious injuries or surgeries? _

Please specify: _____

Physical Examination:

Weight: _____ Height: _____ B.P. _____ Pulse: _____ Hearing Rt: _____ Lt: _____

Vision: Rt: _____ Lt: _____ Heart: _____ Lungs: _____ Abdomen: _____ Hernia: _____

Posture: _____ Disabilities: _____

Limitations: _____

Is this student able to participate in Physical Education? _____

If not, please explain: _____

May this student compete in all athletics? _____

If not, which should be omitted: Soccer: _____ Basketball: _____

Comments: _____

Physicians Signature: _____

Physicians Name (print): _____

Address: _____ Date Completed: _____

City: _____ State: _____ Zip code: _____

GSCS Physical Examination Form 2021-2022 (cont.' d)

Parent(s) Info

Father's Name _____

Home: _____ Cell: _____ Work: _____

E-mail: _____

Mother's Name _____

Home: _____ Cell: _____ Work: _____

E-mail: _____