

**KELLENBERG MEMORIAL HIGH SCHOOL
PHYSICAL FORM**

ENTERING GRADE _____

2019-2020

Entry into Kellenberg Memorial is prohibited unless this certificate is on file, signed and stamped by M.D. All sections must be complete. All physicals must be held on or after June 1, 2019 and handed in at sports sign-ups or the first day of school.

PARENTS MUST COMPLETE THIS ENTIRE SIDE

PHYSICIAN MUST COMPLETE THIS ENTIRE SIDE

NAME: _____
(First) (Last)
Address: _____
Home Telephone () _____
Date of Birth: ___/___/___
Father's Name: _____
Father's Business Tel. # () _____
Father's Cell Phone # () _____
Mother's Name: _____
Mother's Business Tel. # () _____
Mother's Cell Phone # () _____
Emergency Contact: Name _____
(other than parents)# () _____

I. Child's General Appearance:
Eyes: ___ Gums: ___ Nose: ___ Tonsils: ___ Teeth: ___ Throat: ___
Glands: Cervical: ___ Thyroid: ___
Abdomen: _____ Kidney: ___
Hernia: _____ Lungs: ___
GI: _____ Heart: ___
GU: _____
Orthopedic: _____ Scoliosis: _____
Neuro: _____ Seizure Disorder: _____
Immunization Update: _____
Height: _____ Weight: _____ Blood Pressure: _____
Heart Rate: _____ BMI: _____

II. Child's Health History:
Allergies: Yes ___ No ___
If yes, please specify:
food allergies? _____
medication allergies? _____
other allergies? _____

Asthma: Yes ___ No ___
Seizures: Yes ___ No ___
Diabetes: Yes ___ No ___

III. Recommendation for Participation in Physical Education/Sports/Work: (please check off one)
_____ **Full Activity with no restrictions.** The student may participate in physical education classes, intramural and interscholastic sports without restriction.

_____ **Restrictions. If there are restrictions, please state the restrictions and reasons for restrictions:**

IV. Date of Exam: _____
Signature of M.D.: _____
Address: _____

Telephone: () _____

M.D.'s Stamp:

PARENTAL STATEMENT - It is important that we have up-to-date medical information to protect the health and safety of our students. Please answer all questions:
Does the child have a history of:
1. Heart Disease? Y ___ N ___ Congenital? ___ Acquired? ___
2. Hernia? Y ___ N ___
3. Blood Dyscrasia (bleeder)? Y ___ N ___
4. Lung Disease? Y ___ N ___
5. Kidney Disease? Y ___ N ___
6. Congenital Defects? Y ___ N ___
7. Seizure Disorder? Y ___ N ___
8. Sickle Cell Anemia? Y ___ N ___
9. Asthma History or Condition? Y ___ N ___
10. Allergy? Y ___ N ___ Antibiotics? ___ Pollens? ___ Drugs? ___
11. Has your child had any injuries requiring medical attention such as fractures, concussions or joint injuries? Y ___ N ___
12. Has your child had an illness lasting over one week? Y ___ N ___
13. Is your child currently under a physician's care? Y ___ N ___
14. Does your child take medication now? Y ___ N ___
15. Does your child wear glasses? Y ___ N ___ Contacts? Y ___ N ___
16. Does your child have a hearing impediment? Y ___ N ___
17. Has your child had a surgical operation? Y ___ N ___
18. Has your child been in a hospital? Y ___ N ___
19. Has your child been excused from physical education? Y ___ N ___
20. Do you know of any reason why your child should not participate in any sport? Y ___ N ___
Please explain any "yes" answers to the above questions below.

I understand the above statements to be true and consent is hereby given that the child or ward of the undersigned may participate in intramural and interscholastic athletics. If I wish to withdraw permission at any time, I agree to communicate such withdrawal to the Principal of the School in writing.

Parent or Guardian Signature

Parent or Guardian Name (Please print)