Word of Life Bible Institute

Sports Physical Examination

Name: _____ Date: _____

THIS PORTION IS TO BE COMPLETED BY A MEDICAL PROFESSIONAL — NOT MORE THAN SIX MONTHS PRIOR TO ENTERING SCHOOL.

I. Basic Health Information

Age: _____ Height: _____ Weight: _____ BP: _____/_____ RESP.: _____

PULSE: Resting: _____ Exercise: _____ VISION: L 20/_____ R 20/_____

	NORMAL	ABNORMAL
SKIN	☐	☐
EYES	☐	☐
MOUTH	☐	☐
NOSE	☐	☐
NECK	☐	☐
CHEST	☐	☐
BREAST	☐	☐
PULSES	☐	☐
LUNGS	☐	☐
ABDOMEN	☐	☐
LIVER	☐	☐
SPLEEN	☐	☐
GENITALIA	☐	☐

	NORMAL	ABNORMAL
DENTAL	☐	☐
ORTHO	☐	☐
SPINE	☐	☐
UPPER EXTREM.	☐	☐
LOWER EXTREM.	☐	☐
STRENGTH & ROM	☐	☐
NEUROLOGIC	☐	☐
PSYCHIATRIC	☐	☐

TANNER STAGE: _____

SCOLIOSIS: _____

II. Activity Level Summary

1. Full Participation ☐
2. Limited Participation ☐
3. Needs Futher Evaluation ☐
4. No Participation ☐

Type of Sport: _____

Type of Sport: _____

III. Classification of Sports

STRENUOUS:

Contact:

Football, Ice Hockey, Lacrosse (boys), Rugby, Wrestling

Limited Contact:

Basketball, Field Hockey, Lacrosse (girls), Soccer, Volleyball, Gymnastics, Skiing, Water Polo

No Contact:

Crew, Cross Country, Fencing, Swimming, Tennis, Track and Field

MODERATELY STRENUOUS:

Badminton, Baseball (Limited Contact), Golf, Table Tennis, Curling

NONSTRENUOUS:

Archery, Bowling, Riflery

IV. School Nurse Review

☐ Request for further evaluation sent

☐ Results of further evaluation received

V. Medical Professional Signature and Date

Signature: X_____ Date: _____