



PRE-PARTICIPATION PHYSICAL EXAMINATION

Cost: \$35 (Checks made payable to Dr. Craig Curtis)

This form must be completed by a parent/guardian prior to the physical examination given at John Bapst by Dr. Curtis. The student will submit this completed form at the time of the exam.

Please print clearly.

Student Name: _____ Grade: _____ DOB: ___/___/___ Age _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Family Physician: _____ Phone: _____

Medical History

(To be completed by parent or family physician)

- | | | | |
|----|--|-----|----|
| 1. | Has had injuries requiring medical attention: | Yes | No |
| 2. | Has had illness lasting more than a week? | Yes | No |
| 3. | Is under a physician's care now? | Yes | No |
| 4. | Takes medication now? | Yes | No |
| 5. | Wears glasses/contact lenses? | Yes | No |
| 6. | Has had a surgical operation? | Yes | No |
| 7. | Has been in the hospital? | Yes | No |
| 8. | Do you know any reason why this individual should not participate in all sports? | Yes | No |

Please explain any "yes" answers to the above questions:

- | | | | |
|-----|--|-----|----|
| 9. | Has had complete poliomyelitis immunizations by oral vaccine (svin) or inoculation (salk)? | Yes | No |
| 10. | Has had primary series of tetanus toxoid (DPT or DT) and a booster within the last year? | Yes | No |

Permission for Examination

I, _____ give permission for Dr. Craig Curtis to perform the necessary medical evaluation/examination to determine eligibility to participate in athletics at John Bapst.

Parent/Guardian Signature: _____ Date: _____