

South Lyon Panthers Physical Form

Please have parent/guardian fill out this side of form.

Child's Name _____
Last
First
Middle

Sex _____ Date of Birth _____ Grade This Fall _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Please answer yes or no to the following

	Yes	No	Comments – please fill out if answering yes
Chronic/recurrent illness			
Hospitalization			
Surgery (other than tonsils)			
Injuries treated by a physician			
Current medications			
Organs missing			
Heat exhaustion/stroke			
Dizziness, fainting, convulsions, headaches			
Knocked out			
Concussion			
Wear contacts or glasses			
Hearing defects			
Dental appliances bridge/braces/cap/plate			
Problems with blood pressure, heart murmurs			
Cough/Pain			
Problems with spleen, liver or kidney			
Hernia			
Recurrent skin disease			
Bone/joint injury sprain/dislocation			
Injury that caused a missed game or practice			
Allergy to medication... please list			
Tetanus booster in the last 10 years			

The above statement is current and correct to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Please note, an examining physician must complete the second page.

Child's Name _____
 Last First Middle

Vitals	Satisfactory YES	Satisfactory NO	Physical Evaluation Comments	Recommend Follow-Up
Ht.				
Wt.				
Ua.				
Bp.				
General				
Head				
Eyes				
Ent.				
Dental				
Chest				
Heart				
Abdomen				
Genitalia				
Skin				
Extremities				
Back, Neck				
Allergies				

Summary of Comments:

Sports participation approved: YES _____ NO _____

Limitations: _____

The Michigan High School Athletic Association requires that the physical form must be signed by an M.D., D.O., P.A. or N.P.

Physician Name (please print) _____ Date _____

Physician Address _____

Physician Signature _____ Date _____