

St. Catherine of Siena



Please Print: (Last Name) _____ (First Name) _____ (Initial) _____
Grade _____
Birthdate _____
Eyes R _____ L _____ Glasses _____ Hearing R _____ L _____ Height _____ Weight _____
Ear, Nose, Throat _____ Lungs _____
Urinalysis _____ Diabetes _____ Pulse _____
Blood Pressure and Heart _____ Heart Murmur _____
Deformities or present illness _____ Prosthesis _____
Hernia evidence _____ Concussion _____ Epilepsy _____ Other _____

Would athletic competition be injurious? _____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

Date _____ Signature of Examining Physician _____

Health History

_____ allergy to bee sting	_____ heart murmur
_____ anemia	_____ hepatitis
_____ arthritis	_____ hernia
_____ asthma	_____ hives
_____ concussion	_____ kidney trouble
_____ diabetes	_____ migraine headaches
_____ eczema	_____ pneumonia
_____ emotional problems	_____ rheumatic fever
_____ epilepsy	_____ other
_____ fainting	_____

operations: _____
(Include year)

fractures: _____
(Include year)

To which drugs is the student allergic? _____

If student is now under medical treatment list reason and attending doctor: _____
