

**St. Thomas More School  
Health Examination Form**

*(In order to be eligible for participation in a school-sponsored athletic contest, a student must receive and pass a medical exam prior to the sports season or at least once every 365 days by a physician licensed to practice medicine. A medical exam form must be on file in the school office for every student who participates in school sponsored athletics during the school year.)*

Name of Student: \_\_\_\_\_  
(Please print)

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Does student wear: \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Neither

Respiratory \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernia \_\_\_\_\_

Musculo-Skeletal: Neck \_\_\_\_\_ Shoulder(s) \_\_\_\_\_ Knee \_\_\_\_\_

Ankle \_\_\_\_\_ Skin \_\_\_\_\_

Neurological: \_\_\_\_\_ Genitalia: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed Immunizations: Polio (Date) \_\_\_\_\_ Tetanus (Date) \_\_\_\_\_  
Other \_\_\_\_\_

Significant past illness or injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this caused student to have surgery or treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain on back of this form.

*I certify that I have on this date examined this pupil and find him/her to be physically able to compete in the supervised sports **NOT CROSSED OUT BELOW**:*

*Football      Basketball      Volleyball      Track & Field*

Date of examination \_\_\_\_\_

Signed: (Examining Physician) \_\_\_\_\_

Physician=s Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_