



INSTITUTE OF NOTRE DAME

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ATHLETIC DEPARTMENT PHYSICAL FORM 2010 - 2011

A physical examination must be completed each year, before try-outs, in order for a student to participate in any sport. To be completed by parent or guardian.

Student Full Name

Today's Date

Street Address

Home Phone

Mother's Name

Business Phone

Cell Phone

Father's Name

Business Phone

Cell Phone

Person to be called in case of emergency if parents cannot be reached.

Name

Home Phone

Business Phone

Cell Phone

Parent Signature

Student Full Name

DOB

Year of Graduation

To be completed & signed by physician after physical exam.

Please indicate if student has a history of:

Diabetes _____ Epilepsy or Convulsions _____ Asthma _____

Dizziness or Fainting _____ Handicap or Chronic Illness _____

Height: _____ Weight: _____ Pulse Rate: _____

Blood Pressure: _____ Posture _____

General Appearance: _____

Heart and Lungs: _____

Ears, Nose, and Throat: _____

Skin: _____

Abdomen: _____

Extremities: _____

Student may participate in a complete physical education program: Yes _____ No _____

Student may participate in all athletic team sports: Yes _____ No _____

Does student need to use a wrap, brace, splint, inhaler, etc. for sports activity? _____

Explain any limitations: _____

*****Physician's Signature** _____

Date of Physical _____

Please stamp name, address and phone number of physician below.