

## Physical Examination Form *for WCA Athletics*

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

	Normal	Abnormal	Describe Abnormalities
1. Eyes	_____	_____	_____
2. ENT	_____	_____	_____
3. Lungs	_____	_____	_____
4. Heart	_____	_____	_____
5. Abdomen	_____	_____	_____
6. Genitals (Males)	_____	_____	_____
7. Musculoskeletal	_____	_____	_____
8. Neurological	_____	_____	_____
9. Skin	_____	_____	_____

### Laboratory

Urinalysis: \_\_\_\_\_

Others: (where indicated) \_\_\_\_\_

I certify that I have examined this student and find him/her medically (Qualified, Not Qualified) to compete in the interscholastic sports program at Wilson Christian Academy.

License to practice medicine in North Carolina:      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If student is not qualified, list reasons for disqualification: \_\_\_\_\_

## Athlete Information

Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Physician: \_\_\_\_\_

## Medical History

*Check the appropriate blanks*

Birth deformities (One eye, One kidney, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Known past illness of more than 1 week duration Yes \_\_\_\_\_ No \_\_\_\_\_

Medical conditions currently under treatment Yes \_\_\_\_\_ No \_\_\_\_\_

Fractures or other disabling injuries Yes \_\_\_\_\_ No \_\_\_\_\_

Any permanent deformity or disability Yes \_\_\_\_\_ No \_\_\_\_\_

Allergy (drugs, food, clothing, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

Mental disorder, convulsions, seizures Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any "YES" answers to above: \_\_\_\_\_

Certifying the above information to be true, I hereby grant permission for the above to participate in athletics at Wilson Christian Academy for the year \_\_\_\_\_ - \_\_\_\_\_ and in the event of accident or injury, I hereby authorize necessary medical care to be administered to \_\_\_\_\_.

**Parent Signature:** \_\_\_\_\_