

Physical Examination, Medical History & Physician Consent Form

Spring Vale Christian School

A current-year physical is one given on or after June 1 of the previous school year. This form must be on file at Spring Vale Christian School upon the students arrival at Spring Vale Christian School.

Personal Information

Name: _____ Date of Birth: _____
First Middle Last

Age: _____ Grade: _____ Phone: _____

Address: _____
Street City State Zip

Family Doctor Name: _____ Doctor's Phone: _____

Doctor's Address: _____
Street City State Zip

Medical History

History	Yes	No		Yes	No		Yes	No		Yes	No
Convulsions			Heart Disease			Jaundice			Frequent Urination		
Diphtheria			Kidney Disease			Headaches			Shortness of Breath		
Scarlet Fever			Tuberculosis			Fainting			Stomach Pain		
Rheumatism			Blurred Vision			Blackouts			Asthma		
Rupture			Painful Joints			Cough			Pounding of Heart		
Rheumatic Fever			Nosebleeds			Backaches					
Frequent Sore Throat			Pneumonia			Diabetes					

Physical Examination

To be completed by MD, DO, Physician's Assistant or Nurse

System	Normal	Abn.		Normal	Abn.		Normal	Abn.		Normal	Abn.
Heart			Blood Pressure			Lungs			Muscular		
Vision			Teeth-cavities			Thyroid			Neurological		
Nose			Orthopedic			Hernia			Urinalysis		
Throat			Genital/testicular Exam			Ears			Abdomen		
Chest			Pulse Rate								

Recommendations: _____

I certify that I have examined the above student and recommend him/her as being able to compete in the following supervised athletic activities not crossed out: Baseball*Basketball*Cheer*Running*Football*Golf*Gymnastics*Hockey*Skiing*Soccer*Softball*Swimming*Volleyball*Wrestling

Signature of Examiner: _____ MD DO PA NP

Printed Name of Examiner: _____ Date: _____

I, _____, the parent or legal guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personal may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care. I hereby give my consent for the above student to engage in interscholastic athletics in MHSAA approved sports and understand the possibility that serious injury may result from participation in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips. I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school.

Signature of Parent of Legal Guardian: _____ Date: _____