

Pinkerton Academy Athletic Physical Form

Notes to Parents and Physician

1. To be eligible to participate in interscholastic athletics at Pinkerton Academy, an athlete must receive a complete physical. This must be done prior to participating in any practice session or playing in any game or scrimmage.
2. The physical must be placed on this ***Pinkerton Academy Athletic Physical Form***. Forms are available in the Pinkerton Academy Athletic Office (tel. # 437-5200 x2115).
3. The burden of cost for this Athletic Physical will fall on the parent/guardian.
4. **Since an athlete is required to get only one physical in his/her four-year career at Pinkerton Academy, the Pinkerton Academy administration feels it is very important that a thorough physical be completed.**
5. Each season prior to participation every athlete will be required to provide a medical history update signed by the parent/guardian.
6. At the end of each school year, the School Doctor, the School Nurse, the Athletic Trainer, and the Athletic Director will put together a list of athletes who need to be re-examined by a physician prior to participation the next year.
7. Any athlete who went to a physician for an injury would need a release note from the doctor prior to participating again. This would be done through the Athletic Trainer.
8. ***Incoming freshmen must have their physical after June 1 of the year they are entering Pinkerton Academy.***

Name _____

Parent's Name _____

Year of Graduation _____

Home Phone _____

Birthdate _____

Work Phone _____

Past Medical History (If an area does not pertain, write *None*)

1. Allergies _____
2. Current Medication _____
3. Past Surgeries (type & date) _____
4. Past Injuries (sprains, fractures, etc.) _____
5. Medical Illnesses _____

Physical Exam

1. Blood Pressure _____
2. Lungs _____
3. Abdomen _____
4. Back _____
5. Neck _____
6. Heart _____
7. Hernia _____
8. Extremities _____
9. Head, Eyes, Ears, Nose, Throat _____
10. Urinalysis _____
11. General Condition _____

This athlete is physically fit to compete in athletics: Yes _____ No _____

If **No**, why?

Restrictions _____

Name of Doctor (Please print) _____ Date of Physical Exam _____

Signature of Doctor _____ Tel. # _____

I have reviewed the physical of my son/daughter and grant him/her permission to compete in athletics at Pinkerton.

Signature of Parent _____ Date _____