



Athletic Physical Exam Form



Immanuel Lutheran School
47120 Romeo Plank Road
Macomb MI 48044
(586) 286-7076

All physicals must be completed **after June 1st** to be valid for the upcoming school year.

Student's Full Name _____ Grade _____

Birth date _____ Age _____

The following is to be filled out and signed by an examining physician:

Heart Condition Satisfactory Unsatisfactory

Lungs Satisfactory Unsatisfactory

Does this student have asthma? No Yes

If yes, does this condition require medication? Inhaler? _____

Is the general condition of Feet, Ears, Eyes, and Nose satisfactory? No Yes

If no, please explain _____

Additional Comments _____

I certify that I have on the date below examined the above student and recommend him/her as being physically able to compete in supervised athletics activities **EXCEPT those that are crossed out below:**

Soccer	Basketball	Cheerleading	Volleyball
Cross Country	Track	Softball	

Signature of Examining Physician _____

Dated _____

Official Office Stamp here: