

St. John's Lutheran School Sports Physical Form

Name: _____ Date: _____ Grade: _____

Address: _____ Phone: _____

Parents / Guardians: _____

Family Doctor: _____

Student Past History: _____

Allergy: _____

H E E N T: _____

Neck: _____

Heart: _____

Lungs: _____

Hernia: _____

_____ May participate in sports without restrictions

_____ May participate in sports **with restrictions**

Specify: _____

_____ May NOT participate in sports

Physician Signature: _____

Date: _____