KELLENBERG MEMORIAL HIGH SCHOOL **ENTERING GRADE____________**
PHYSICAL FORM

2020-2021

Entry into Kellenberg Memorial is prohibited unless this certificate is on file, signed and stamped by M.D. All sections must be complete.
All physicals must be held on or after June 1, 2020 and handed in at sports sign-ups or the first day of school.

PARENTS MUST COMPLETE THIS ENTIRE SIDE

NAME:____
(First) **(Last)**
Address:____
____
Home Telephone ( ) ___________________________
Date of Birth:___/__/____
Father's Name:__________________________________
Father's Business Tel. # ( )________ ______________
Father's Cell Phone # ( )________________________
Mother's Name:__________________________________
Mother's Business Tel. # ( )_____________________
Mother's Cell Phone # ( )________________________
Emergency Contact: Name________________________
(other than parents)# ( )________________________

PARENTAL STATEMENT - It is important that we have up-to-date medical information to protect the health and safety of our students. ***Please answer all questions:***
Does the child have a history of:
1. Heart Disease? Y___ N___ Congenital?___ Acquired?____
2. Hernia? Y ___ N ___
3. Blood Dyscrasia (bleeder)? Y ___ N ___
4. Lung Disease? Y___N___
5. Kidney Disease? Y___ N___
6. Congenital Defects? Y___ N___
7. Seizure Disorder? Y___ N___
8. Sickle Cell Anemia? Y ___N___
9. Asthma History or Condition? Y ___N___
10. Allergy? Y___N ___ Antibiotics? ___ Pollens? ___ Drugs? ___
11. Has your child had any injuries requiring medical attention such as fractures, concussions or joint injuries? Y___N___
12. Has your child had an illness lasting over one week? Y___ N___
13. Is your child currently under a physician's care? Y___N___
14. Does your child take medication now? Y ___ N ___
15. Does your child wear glasses? Y__ N __ Contacts? Y ___ N ___
16. Does your child have a hearing impediment? Y___N___
17. Has your child had a surgical operation? Y___N___
18. Has your child been in a hospital? Y___N___
19. Has your child been excused from physical education? Y___N___
20. Do you know of any reason why your child should not participate in any sport? Y___N___

Please explain any "yes" answers to the above questions below.
____
____

I understand the above statements to be true and consent is hereby given that the child or ward of the undersigned may participate in intramural and interscholastic athletics. If I wish to withdraw permission at any time, I agree to communicate such withdrawal to the Principal of the School in writing.

____
Parent or Guardian Signature

____
Parent or Guardian Name (Please print)

PHYSICIAN MUST COMPLETE THIS ENTIRE SIDE

I. Child's General Appearance:___________________________
Eyes:__ Gums: __ Nose: ___ Tonsils: __ Teeth: __ Throat: __
Glands: Cervical: ___ Thyroid: ___
Abdomen:___________ **Kidney: ___**
Hernia: _____________ **Lungs: ___**
GI:_________________ **Heart: ___**
GU:________________
Orthopedic:__________ **Scoliosis:__________________**
Neuro:______________ **Seizure Disorder:___________**
Immunization Update:________
Height:_________Weight:_______ Blood Pressure:_______
Heart Rate: _________________ BMI: _______________

II. Child's Health History:

Allergies: **Yes __ No __**

If yes, please specify:
food allergies? ______________________
medication allergies? _________________
other allergies? ______________________

Asthma: **Yes __ No __**
Seizures: **Yes __ No __**
Diabetes: **Yes __ No __**

III. Recommendation for Participation in Physical Education/Sports/Work: (please check off one)

_____ **Full Activity with no restrictions.** The student may participate in physical education classes, intramural and interscholastic sports without restriction.

______ **Restrictions. If there are restrictions, please state the restrictions and reasons for restrictions:**
____
____

IV. Date of Exam: __________________________
Signature of M.D.: __________________________
Address: __________________________
____
Telephone: ( ) ____________________

M.D.'s Stamp: