

The King's School

Preparing Tomorrow's Leaders Today!

P.O. Box 300, Lake Luzerne, NY 12846 ~ Office 518-654-6230 ~ Fax 518-654-7310

ATHLETIC PHYSICAL EXAM FORM

An athletic physical form is required for any student playing in any sports activity at The King's School.

The athletic physical exam form can NOT be used as a school physical exam form which has different requirements.

Name _____ Date of Exam _____

Date of Birth _____ Grade _____

Allergies: ___LIFE THREATENING ___ Seasonal

Current Medical Conditions _____

Current Medications _____

PHYSICAL EXAM

_____ Height	_____ Weight	_____ BMI	_____ Eyes	_____ Ears
_____ Lymph Nodes	_____ Thyroid	_____ BP	_____ Nose	_____ Tonsils
_____ Teeth	_____ Heart		_____ Lungs	_____ Hernia
_____ Genitourinary	_____ Musculo-skeletal		_____ Feet	_____ Skin
_____ Epilepsy	_____ Nervous System		_____ Speech	_____ Nutrition

Is this student able to participate in regular physical education classes? _____ Yes _____ No

IMMUNIZATIONS ~ Please attach current immunization record.

Physician's Signature _____

Date _____

Name of Practice _____

Phone # _____ Fax # _____

Physician's Stamp if Possible