

(this form to be completed by a doctor)

***Kansas City Lutheran Athletic League
Physical Examination Record
Bethany Lutheran School***

Name of Student (Please print)

Date of Birth

Significant past illnesses or injuries: _____

Eyes, ears, nose, throat _____

Resting Heart Rate _____

Lungs _____

Blood Pressure _____

Abdomen _____

Genitalia _____

Muscular-skeletal _____

Height _____

Reflexes _____

Weight _____

Urinalysis _____

Hernia _____

Date of last immunization:

Heart _____

Polio _____

Tetanus _____

Other _____

Blood count or x-ray (only if indicated) to be filed in school office.

I certify that I have examined the above student. I have noted any participation restrictions on the lines below.

Basketball _____

Track _____

Cheerleading _____

Volleyball _____

Soccer _____

Other _____

Date of Examination

Examining Physician