

(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 \_\_\_\_\_

Heart \_\_\_\_\_

Date of last immunization:

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