

Greater Lowell Technical High School Physical Consent Form

This form must be filled out and signed by- the parent/guardian with the student **BEFORE** coming in to get a pre-physical from the nurses and physical from the school physician. Students who bring in an incomplete form will **NOT** receive a pre-physical or physical.

Student's Name _____ **Date of Birth** _____ **Grade** _____

Please completely answer the following questions:

1. Has the student had a medical illness or injury since their last checkup? _____
If, yes, please explain: _____
2. Has the student ever had surgery? _____
If yes, please explain: _____
3. Does the student have any allergies or take any prescription medications? (list) _____
4. Has the student ever had a rash or hives develop during or after exercise? _____
5. Has the student ever passed out due to exercising? _____
6. Has the student ever been told they had high blood pressure or high cholesterol? _____
7. Has the student ever been told they had a heart murmur? _____
8. Has the student ever had a head injury or concussion? _____
If yes, date of last concussion? _____
9. Has the student ever had a seizure (date)? _____
10. Does the student have frequent or severe headaches? _____
11. Does the student have asthma? _____
12. Does the student have any vision/hearing problems? _____
13. Has the student ever broken/fractured/dislocated any bones or joints? _____
If yes, please explain: _____
14. Does the student ever feel unusually stressed or depressed? _____
15. Are the student's immunizations up-to-date? _____
16. Are there any other medical issues not mentioned here? _____

I hereby state that my answers to the above questions are complete and correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Signature of Athlete: _____ Date: _____

GLTHS Physician's Examination

NAME _____ SPORT _____ Gr _____

In order to ensure a quality standard of complete examination for each school child, please record your findings after each item.

(0) normal (X) abnormal

Date _____

Age _____ BP _____ / _____ Pulse _____ Height _____ Weight _____

Physical Development _____

Nutritional Status _____

Skin _____

Eyes _____ Sclera _____ Pupils _____

Light & Distance: r _____ l _____

Glasses _____

Ears. _____ canals: r _____ l _____

drums: r _____ l _____

Nose _____ septum _____ turbinates _____

Mouth _____ lips _____ tongue _____ pharynx _____

Teeth _____ gingiva _____

Neck _____ mobility _____ lymph nodes _____ thyroid _____

Throat _____ shape _____ symmetry _____

Lungs _____

Heart _____ rate _____ rhythm _____ murmur _____

Abdomen _____ liver _____ spleen _____

Hernias _____

Ano-Genital _____ anus _____ penis _____ labia _____

testicles: r _____ l _____

Tanner Stage: _____

Spine _____

Lower Extremities _____ range of motion _____

Development _____ strength _____

Upper Extremities _____ range of motion _____

Development _____ strength _____

Cranial Nerve _____ I-XII _____

Gait _____

Coordination _____

____ Y ____ N This student may participate in the school program, including sports, and PE. If no, please list restrictions _____

_____, MD Merrimack Valley Internal Medicine Associates Date _____

Signature