

Date: Thursday, August 12, 2010
Time: 8:00 a.m. – noon
Where: John Bapst Memorial High School
Cost: \$30.00-Checks made payable to Dr. Craig Curtis

This form must be completed by a parent/guardian prior to the physical examination given at John Bapst by Dr. Curtis. The student will submit this completed form at the time of the exam.

**JOHN BAPST MEMORIAL HIGH SCHOOL
PRE-PARTICIPATION PHYSICAL EXAMINATION
(Please print or type)**

Student Name: _____ Grade: ____ DOB: ___/___/___ Age _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Family Physician: _____ Phone: _____

MEDICAL HISTORY

(To be completed by parent or family physician)

- | | | | |
|----|--|-----|----|
| 1. | Has had injuries requiring medical attention: | Yes | No |
| 2. | Has had illness lasting more than a week? | Yes | No |
| 3. | Is under a physician's care now? | Yes | No |
| 4. | Takes medication now? | Yes | No |
| 5. | Wears glasses/contact lenses? | Yes | No |
| 6. | Has had a surgical operation? | Yes | No |
| 7. | Has been in the hospital? | Yes | No |
| 8. | Do you know any reason why this individual should not participate in all sports? | Yes | No |

Please explain any "yes" answers to the above questions:

- | | | | |
|-----|--|-----|----|
| 9. | Has had complete poliomyelitis immunizations by oral vaccine (svin) or inoculation (salk)? | Yes | No |
| 10. | Has had primary series of tetanus toxoid (DPT or DT) and a booster within the last year? | Yes | No |

PERMISSION FOR EXAMINATION

I, _____ give permission for Dr. Craig Curtis, M.D. to perform the necessary medical evaluation/examination to determine eligibility to participate in athletics at John Bapst Memorial High School.

Parent/Guardian Signature: _____ Date: _____