

ST. PHILOMENE SCHOOL
HEALTH VERIFICATION
ATHLETIC PROGRAMS

NAME OF STUDENT _____ GRADE _____

ADDRESS _____ PHONE _____

NAME OF PHYSICIAN _____ PHONE _____

REASON FOR REFERRAL: SPORTS

_____ Normal Abnormal Not Given

Health and Development History _____

Physical Examination _____

List Abnormalities _____

_____ Normal Abnormal Not Given

Dental Assessment _____

Nutrition Evaluation _____

Vision Screening _____

Audiometric Screening _____

Hematocrit or Hemoglobin _____

Urinalysis _____

RESULTS OF DIAGNOSTIC EXAMINATION:

_____ No conditions were found in this examination which are of importance to this student's schooling, physical activity or participating in sports.

_____ Conditions found in this examination which may be of importance are:

DATE OF EXAMINATION _____ PRESENT DATE _____

SIGNATURE OF EXAMINING PHYSICIAN _____