



Athletic Physical Exam Form

Immanuel Lutheran School
47120 Romeo Plank Road
Macomb MI 48044
(586) 286-7076



All physicals must be completed **after June 1st** to be valid for the upcoming school year.

Student's Full Name _____ Grade _____

Birthdate _____ Age _____

The following is to be filled out and signed by an examining physician:

Heart Condition Satisfactory Unsatisfactory

Lungs Satisfactory Unsatisfactory

Does this student have **asthma**? No Yes

If yes, does this condition require medication? Inhaler? _____

Is the general condition of **Feet, Ears, Eyes, and Nose** satisfactory? No Yes

If no, please explain _____

Additional Comments _____

I certify that I have, on the date below, examined the above student and recommend him/her as being physically able to compete in supervised athletics activities **EXCEPT those that are crossed out below:**

Soccer

Basketball

Cheerleading

Cross Country

Track

Softball

Signature of Examining Physician _____

Date _____