

Pinkerton Academy Athletic Physical Form

Notes to Parents and Physician

1. To be eligible to participate in interscholastic athletics at Pinkerton Academy, an athlete must receive a complete physical. This must be done prior to participating in any practice session or playing in any game or scrimmage.
2. The physical must be placed on this ***Pinkerton Academy Athletic Physical Form***. Forms are available in the Pinkerton Academy Athletic Office (tel. # 437-5200 x2115) and at www.pinkertonacademy.net.
3. The burden of cost for this Athletic Physical will fall on the parent/guardian.
4. Physicals will be good for two years from the date of the exam.
5. Once a year an athlete is required to provide a medical history update and complete the *Athletic Emergency Medical Card* signed by the parent/guardian prior to participation.
6. Each season an athlete will need to fill out the permission to participate form (Athletic Program Agreement).
7. At the end of each school year, the School Doctor, the School Nurse, the Athletic Trainer, and the Athletic Director will put together a list of athletes who need to be re-examined by a physician prior to participation the next year.
8. Any athlete who went to a physician for an injury would need a release note from the doctor prior to participating again. This would be done through the Athletic Trainer.
9. ***Incoming freshmen must have their physical after June 1 of the year they are entering Pinkerton Academy.***

Name _____ Parent's Name _____

Year of Graduation _____ Home Phone _____

Birthdate _____ Work Phone _____

Past Medical History (If an area does not pertain, write *None*)

1. Allergies _____
2. Current Medication _____
3. Past Surgeries (type & date) _____
4. Past Injuries (sprains, fractures, etc.) _____
5. Medical Illnesses _____

Physical Exam

1. Blood Pressure _____
2. Lungs _____
3. Abdomen _____
4. Back _____
5. Neck _____
6. Heart _____
7. Hernia _____
8. Extremities _____
10. Head, Eyes, Ears, Nose, Throat _____
11. Urinalysis _____
12. General Condition _____

This athlete is physically fit to compete in athletics: Yes _____ No _____
If No, why?

Restrictions _____

Name of Doctor (Please print) _____ Date of Physical Exam _____

Signature of Doctor _____ Tel. # _____

I have reviewed the physical of my son/daughter and grant him/her permission to compete in athletics at Pinkerton.

Signature of Parent _____ Date _____