

Printable Sports Physical Form

Athlete's Name: _____

- Date of Birth: _____ Age: _____
- Address: _____
- Parent/Guardian Name: _____

Medical Information:

- Current Medications: _____
- Known Allergies: _____
- Any past surgeries: _____

Doctor's Examination Checklist:

Condition	Yes	No
Heart murmur or any other heart condition	[]	[]
Recent concussion or head injury	[]	[]
Asthma or breathing difficulty during sports	[]	[]
Joint or muscle injuries	[]	[]