

# Sports Physical Form PDF

## Athlete's Information:

- Full Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

## Parent/Guardian Information:

- Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_

## Medical History:

- Allergies: \_\_\_\_\_
- Current Medications: \_\_\_\_\_
- Surgeries in the Last Year: \_\_\_\_\_
- Family History of Heart Disease: Yes [ ] No [ ]

## Physical Examination:

Height	Weight	Blood Pressure	Pulse Rate

## Checklist for Health Conditions:

- Any heart-related issues: Yes [ ] No [ ]
- Has any doctor ever advised against physical activity: Yes [ ] No [ ]

- **Recent Injuries: Yes [ ] No [ ]**