STERLING HIGH SCHOOL
ATHLETIC DEPARTMENT
PRE-PARTICIPATION PHYSICAL FORM
(Please print carefully)

NAME _____

AGE _____ BIRTHDATE _____ GRADE 09-10 YEAR _____

FALL	**WINTER**	**SPRING**
Football	Wrestling	Girls' Track
Volleyball	Boys' Basketball	Boys' Track
Girls' Tennis	Girls' Basketball	Girls' Softball
Golf	Boys' Swimming	Boys' Baseball
Girls' Cross Country	Bowling	Boys' Tennis
Boys' Cross Country	Basketball Cheerleading	Girls' Soccer
Girls' Swimming	Basketball Pom Pons	
Boys' Soccer		
Football Cheerleading		
Football Pom Pons		

PARENT'S SIGNATURE: _____ **Date** _____

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TO BE COMPLETED AT TIME OF PHYSICAL:

HEIGHT: _____WEIGHT: _____B/P_____/_____

Heart Rate: Resting _____ Exercise _____ Recovery _____

Evaluate	Normal	Abnormal
E.N.T.	_____/_____	
HEART	_____/_____	
LUNGS	_____ _/_____	
GI/GU	_____/_____	
Musculo-Skeletal	_____/_____	
SCOLIOSIS	_____/_____	
NEUROLOGICAL	_____/_____	

PARTICIPATION: Full _____ None_____

RESTRICTED OR LIMITED PARTICIPATION (Explain)_____

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name _____ Signature _____ Date of Physical: _____

Address _____ Phone _____