



***Kansas City Lutheran Athletic League
Physical Examination Record
Bethany Lutheran School***

(This form to be completed by a doctor.)

Name of Student (Please print)

Date of Birth

Significant past illnesses or injuries: _____

Eyes, ears, nose, throat _____

Resting Heart Rate _____

Lungs _____

Blood Pressure _____

Genitalia _____

Height _____

Muscular-skeletal _____

Weight _____

Reflexes _____

Urinalysis _____

Date of last immunization:

Hernia _____

Polio _____

Heart _____

Tetanus _____

Abdomen _____

Other _____

Blood count or x-ray (only if indicated) to be filed in school office.

I certify that I have examined the above student. I have noted any participation restrictions on the lines below.

Basketball _____

Track/Cross Country _____

Cheerleading _____

Volleyball _____

Soccer _____

Other _____

Examining Physician (Please print)

Date of Examination

Physician Signature