

**PHYSICAL MEDICAL REPORT
DRAGON ATHLETICS * PARIS JUNIOR COLLEGE**

Full Name _____

Single _____ Married _____ Divorced _____

Date of Birth _____ Sex M F Phone _____

Address _____ City, State, Zip _____

Name, Address of Nearest Relative _____

Medical History: (To be filled out by student)

1. Serious Illness - give diagnosis and date _____

2. Operations - give diagnosis and date _____

3. Do you have any allergies? If so, what? _____

4. Do you have any diseases at present? _____

If so, what, and are you taking medications? _____

5. Have you had any severe injuries? If so, what? _____

6. Check any of the following conditions you have had:

- | | |
|------------------------------------|----------------------------|
| (a) Hay Fever _____ | (h) Fainting Spells _____ |
| (b) Asthma _____ | (i) Diabetes _____ |
| (c) Rheumatic Fever _____ | (j) Epilepsy _____ |
| (d) Heart Murmur _____ | (k) Tuberculosis _____ |
| (e) Poliomyelitis _____ | (l) Arthritis _____ |
| (f) Infectious Mononucleosis _____ | (m) Kidney Disease _____ |
| (g) Hepatitis _____ | (n) Menstrual Cramps _____ |

7. Name and address of personal physician _____

PHYSICAL EXAMINATION: (To be done by your family physician)

Weight_____ Height_____ Skin Abnormalities_____

Eyes (R)_____ (L)_____ Corrected to (R)_____ (L) Ears (R)_____ (L)_____

Throat_____ Nose_____ Neck_____

Breasts (R)_____ (L)_____ Lungs_____

Heart_____ Abdomen_____ Hernia_____

Pulse Rate_____ Blood Pressure_____ Nodes_____

Bones and Joints_____

Urinalysis: Sugar _____ Protein _____

Any reasons for limitation of Physical Activity?_____

IMMUNIZATION RECORD

Tetanus Toxoid: (a) Current – Last 10 Years _____

Signed_____ M.D.

Address_____

Phone _____

Date_____