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_____
(b) Asthma_____
(c) Rheumatic Fever_____
(d) Heart Murmur_____
(e) Poliomyelitis_____
(f) Infectious Mononucleosis_____
(g) Hepatitis_____
(h) Fainting Spells_____
(i) Diabetes_____
(j) Epilepsy_____
(k) Tuberculosis_____
(l) Arthritis_____
(m) Kidney Disease_____
(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_____