

FAIRFAX BAPTIST TEMPLE ACADEMY

ATHLETIC PHYSICAL FORM

(Name of athlete)

(Address)

(Parent or guardian)

(City, state, zip code)

(Telephone number – daytime)

(Telephone number – evening)

Date _____ Sport(s) played _____

Age _____ Grade _____ Height _____ Weight _____

% Body fat _____ Ideal body weight _____

Head _____

Eyes Right: 20/ _____ Left: 20/ _____ Correction: _____

Ears Right: /15 _____ Left: /15 _____ Correction: _____

Nose _____

Teeth _____

Chest Heart rate: _____ Blood Pressure: _____ Respiration rate: _____
Respiratory _____

Cardiovascular _____

Abdomen Liver: _____ Spleen: _____ Hernia: _____

Skin _____

Musculoskeletal Spine: _____ Leg length discrepancy: _____

Joint alignment
Shoulder
Elbow
Wrist
Hands
Hip
Knee
Ankle
Feet

Existing deficiencies from injury _____

Urinalysis_____

Anemia (females)_____

List any athletic activities in which this individual should not participate:

Physician's name_____ Telephone_____

Address_____

City, state, zip code_____

Signature_____

Date_____