The Lighthouse Christian Academy

1424 Yale Street · Santa Monica, CA 90404 · p 310.829.2522 · f 310.829.5544
www.LCAsaints.org

PHYSICAL EXAM FORM

Student Name: _____

Address: _____

Date of Physical: _____ Age: _____ Date of Birth: _____

MEDICAL HISTORY (To be completed by parent prior to examination)

	Yes	No		Yes	No		Yes	No
Asthma	☐	☐	Head injuries within last year	☐	☐	Palpitations	☐	☐
Allergies	☐	☐	Serious Illness	☐	☐	Chest Pains	☐	☐
Glasses/Contacts	☐	☐	Bleeding tendencies	☐	☐	Dizziness	☐	☐
Dental Braces or bridges	☐	☐	Sickle Cell Tendency	☐	☐	History of heart murmur	☐	☐
Repeated bone or joint injuries	☐	☐	Surgery within past year	☐	☐	Kidney Diseases/infections	☐	☐
Fractures within past year	☐	☐	Diabetes	☐	☐	Seizures	☐	☐

Tetanus (shot date if known) _____ Any Current Medications ☐ ☐ List: _____ _____

The Section Below MUST Be Completed By A Licensed Medical Doctor (MD) ONLY:

Height: _____ Weight: _____ Temp: _____ Blood Pressure: _____ Pulse: _____ Respiration: _____

	NORMAL		NORMAL
1. Eyes		10. Musculoskeletal, Rom, Strength:	
2. Ears, Nose, Throat		Neck	
3. Mouth and Teeth		Spine	
4. Neck		Shoulders	
5. Cardiovascular		Arms / Hands	
6. Chest and Lungs		Hips	
7. Abdomen		Thighs	
8. Neuromuscular		Knees	
		Ankles	
9. Genitalia-Hernia (Male)		Feet	
ABNORMAL FINDINGS (If any)			
If cleared to participate in sports, appropriate category of play: (Doctor Only)			
Restrictions (If any)			
( ) NOT CLEARED to participate in sport		( ) Refer to Family Physician for Clearance	

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that (Child's Name) _____ is physically fit and I have found no medical or observable conditions which would contradindicate him/her from participating in youth flag football, tackle football, volleyball, soccer, swimming or athletic activities. I am therefore clearing this individual for athletic participation.

Doctor's Stamp:

Doctor's Name (printed): _____

Doctor's Signature: _____ License #: _____