



## ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE  
BELLEVILLE, IL 62221  
PHONE (618) 235-4066 ~ FAX (618) 235-7930

Dear Parents/Guardians:

Attached, you will find our St. Teresa sports physical form. The **front** of the form is to be completed by the parent including the parent/guardian's signature giving permission to participate. **The back of the form is to be completed and signed by the physician who performs the examination, including the date of the exam.**

Any student who plans to participate in school-sponsored sports must have a current (expires 395 days from the date of the medical examination) physical on file at the school office prior to participating in any practice or game. Incoming **Kindergarteners** and **Sixth graders** must have a new Illinois State Physical Form on file. Those students do not require an additional sports physical.

You are permitted to have the physical completed by the doctor of your choice. Please, be sure to provide the St. Teresa Sports Physical Form to the physician of your choice so that the doctor may complete the back page.

**Please keep in mind that you will need to provide the physical form before SUMMER break, or you will need to mail or bring the form to the school office to be filed.** This will ensure that the physical is on file at the school prior to the beginning of sports (soccer and baseball) practice (usually begins the last week of July.) The coach will be notified if your child does not have a current physical on file.

If you choose to mail the completed form, please send to:  
St. Teresa School  
1108 Lebanon Avenue  
ATTN: Sports Physical  
Belleville, IL 62221

Please, do not hand sports physicals to the coach.

If you have any questions or concerns, please contact the school office Monday thru Friday during school hours at 618-235-4066

Sincerely,

Nicole Green  
Principal  
St. Teresa Catholic School



# ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE  
BELLEVILLE, IL 62221

Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Daytime/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Daytime/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Alt. Emergency Contact: \_\_\_\_\_ Daytime/Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Please indicate MEDICAL ALERTS such as allergic reactions, contact lenses, etc.: \_\_\_\_\_

## MEDICAL HISTORY

Athletes and Parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50? YES  NO  DON'T KNOW
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise? YES  NO  DON'T KNOW
3. Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise? YES  NO  DON'T KNOW
4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint? YES  NO  DON'T KNOW
5. Does the athlete have a history of concussion (getting knocked out)? YES  NO  DON'T KNOW
6. Has the athlete ever suffered a heart-related illness (heart stroke)? YES  NO  DON'T KNOW
7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem? YES  NO  DON'T KNOW
8. Does the athlete take any medication(s)? YES  NO  DON'T KNOW
9. Is the athlete allergic to any medications or bee stings? YES  NO  DON'T KNOW
10. Does the athlete have only one of any paired organs? (eyes, ears, kidneys, testicles, ovaries) YES  NO  DON'T KNOW
11. Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition? YES  NO  DON'T KNOW
12. Has the athlete had surgery or been hospitalized in the past year? YES  NO  DON'T KNOW
13. Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year? YES  NO  DON'T KNOW
14. Are you, the athlete, worried about any problem or condition at this time? YES  NO  DON'T KNOW

### Additional Cardiovascular History

15. Have you ever had chest pain during or after exercise? YES  NO  DON'T KNOW
  16. Do you get tired more quickly than your friends do during exercise? YES  NO  DON'T KNOW
  17. Have you ever had racing of your heart or skipped heartbeats? YES  NO  DON'T KNOW
  18. Have you ever had high blood pressure or high cholesterol? YES  NO  DON'T KNOW
  19. Have you ever been told you have a heart murmur? YES  NO  DON'T KNOW
  20. Have you ever had a severe viral infection (for example myocarditis or mononucleosis) within the last month? YES  NO  DON'T KNOW
  21. Has a physician ever denied or restricted your participation in sports for any heart problems? YES  NO  DON'T KNOW
  22. Has anyone in your family had a heart attack before the age of 50? YES  NO  DON'T KNOW
- Please give details on any "YES" answer from the above health history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**ST. TERESA CATHOLIC SCHOOL**  
 1108 LEBANON AVENUE  
 BELLEVILLE, IL 62221

**SPORTS PHYSICAL FORM**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_

Vision:

R \_\_\_\_/\_\_\_\_ Uncorrected R \_\_\_\_/\_\_\_\_ Corrected

L \_\_\_\_/\_\_\_\_ Uncorrected L \_\_\_\_/\_\_\_\_ Corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (maie)			
10. Muskulosketal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

**Please Print/Stamp**

Physician's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_