



**DIOCESE OF TRENTON
ELEMENTARY SCHOOL SPORTS PHYSICAL FORM
GRADES K-8**

**St. Charles Borromeo School, 2500 Branch Pike, Cinnaminson NJ
Required sports form for the 2024-25 school year
(all sports programs)**

Student's Name _____

Date of Birth _____

Grade _____

Male _____ Female _____

EXAMINATION:

Height _____	Weight _____	B/P _____
	Hearing _____	Vision _____
Heart _____	Lungs _____	Abdomen _____
Hernia _____	LymphNodes _____	Thyroid _____
Scoliosis _____	Genito-Urinary _____	Skin _____
Orthopedic _____	Feet _____	Nose _____
Throat _____	Mouth/Teeth _____	Nervous System _____

Comments _____
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MEDICATIONS PRESENTLY PRESCRIBED _____

ALLERGIES: _____

TREATMENT: _____
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HISTORY OF:

Asthma _____	Allergies _____	Heart Problems _____
Fractures _____	Eye Problems _____	Diabetes _____
Hypoglycemia _____	Headaches _____	Nose Bleeds _____
Congenital Defects _____	Operations _____	
Injuries _____	Drug Sensitivities _____	
Drug Sensitivities _____	Other Health Problems _____	

Comments _____
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PHYSICIAN'S FINDINGS PERTINENT TO PARTICIPATION IN ATHLETIC ACTIVITIES:

Full Participation Allowed _____
 Limited Participation Allowed _____
 No Participation Allowed _____
 Restriction on Activity _____

Physician's Name and
 Address _____
 Physician's Signature _____ Date of Physical _____

This form must be signed by a doctor and submitted to the St. Charles school office to be eligible to participate in any sports programs in the 2024-25 school year. One form per school year will cover participation in all sports. The form must be submitted prior to the start of the sport your child will be playing.