

Greater Grace Christian Academy  
Athletic Participation Physical Examination  
410-485-0700; Fax: 410-325-8884; email: [info@ggca.org](mailto:info@ggca.org)

GGCA requires a sports physical before a student can join in team activities. Please provide the school a copy of a recent (within the past 6 months) sports physical, signed by the examining physician. Most doctors have their own forms, or your doctor can use the lower half of this form as a template.

Today's date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does the student have Asthma ? \_\_\_\_\_ Does the student use an inhaler? \_\_\_\_\_

Does the student have any Allergies? \_\_\_\_\_ Does the student carry an epipen? \_\_\_\_\_

Does the student take any medications that might impact sport participation? \_\_\_\_\_

Please list any significant past illnesses or injuries which might impact sport participation:

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

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sample sport physical template

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes R20/ \_\_\_\_\_ L20/ \_\_\_\_\_ with/without corrective lenses

Ears L \_\_\_\_\_ R \_\_\_\_\_

Nose/Throat

Teeth/Dentures/Braces

Skin

Heart

Lungs

Blood Pressure

Abdomen

Hernia

Pulse Rest

Spine/Neck

Shoulders/Elbows/Hands

Hip/Knee

Ankle/Feet

Lymphatics

Comments \_\_\_\_\_

Physician signature \_\_\_\_\_ Date: \_\_\_\_\_