



**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 2025-26 school year
(all sports programs - Volleyball, Cheer, Basketball, Track)**

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 _____

MEDICATIONS PRESENTLY PRESCRIBED _____

ALLERGIES: _____

TREATMENT: _____

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 _____

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 program. One form per school year will cover participation in all sports programs. This form must be submitted prior to the start of the sport your child will be playing.