

CHRIST LUTHERAN SCHOOL

11720 Nieman Road • Overland Park, Kansas 66210 • 913.754.5888



(this form to be completed by a doctor)

Kansas City Lutheran Athletic League Physical Examination Record

Name of Student (Please print) Date of Birth

Significant past illnesses or injuries: _____

Eyes, ears, nose, throat _____

Lungs _____ Abdomen _____

Muscular-skeletal _____

Reflexes _____ Urinalysis _____

Hernia _____ Heart _____

Resting Heart Rate _____

Blood Pressure _____ Height _____

Weight _____

Date of last immunization: Polio _____

Tetanus _____ Other _____

Blood count or x-ray (only if indicated) to be filed in school office.

I certify that I have examined the above student. I have noted any participation restrictions on the lines below.

Basketball _____ Track _____

Cheerleading _____ Volleyball _____

Soccer _____ Other _____

Date of Examination

Examining Physician



"Equipping the future generation of Christian leaders"

OUR MISSION, PASSION, AND PURPOSE