

MEDICAL EXAMINATION — to be completed by physician

Student's Name _____ Grade _____

Height _____ Weight _____ Blood Pressure _____

Vision: Left eye _____ Right eye _____ Corrected _____

Normal Abnormal Explanation

General Appearance _____

Ears, Nose, Throat _____

Head & Neck _____

Skin _____

Chest _____

Heart _____

Lungs _____

Abdomen _____

Musculo-Skeletal _____

Hernia _____

Neurological:

Balance & Coordination _____

Urine _____

BASED ON THE HISTORY/PHYSICAL, the student:

_____ may participate in competitive athletics and physical education activities.

_____ has health problems which prohibit participation in the following activities:

Physician's Signature

Date