

HEALTH EXAMINATION
(To Be Completed by Physician)

Health examination for students are valid for 12 months.

Student's Name: _____

AGE _____ HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

LIST SIGNIFICANT PAST ILLNESS OR INJURY

EYES _____ R20/ :L20/ HEARING _____ R/15:L /15

CARDIOVASCULAR _____	RESPIRATORY _____
SPLEEN _____	LIVER _____
MUSCULO-SKELETAL _____	HERNIA _____
NEUROLOGICAL _____	SKIN _____
URINALYSIS _____	GENITALIA _____

COMMENTS

I have examined this student and find him/her physically able to compete in supervised activities NOT CROSSED OUT BELOW:

Baseball	Cross-Country	Football Fall/Spring	Soccer	Swimming/Diving	Track
Weightlifting	Basketball	Cheerleading	Golf	Softball	Tennis
Volleyball	Wrestling				

Signature of Examining Physician

Date _____

Physician's Address

Physician's Phone No. _____