PHYSICAL EXAMINATION FORM

Name _____ Birth Date _____ Male/Female _____ Grade_____

Sport(s) _____/_____/_____

To the Private Physician:

Kindly complete this brief medical examination form and indicate assignment in physical education or athletics for this student. This form must have the date of the physical, the examining physician's signature, address and phone number, and yes or no checked to indicate the student is or is not healthy enough for physical activity. The inventory on the back should be completed and signed by the parents prior to the student's visit to the physician, and if filled in accurately, should adequately cover the student's medical history. Completed forms are to be returned to the school by the student along with all other forms required for athletic clearance.

EXAMINATION			IMMUNIZATION	DATE		COMMENTS
Date of Examination			Tetanus			Please Place Doctor's Stamp Here
Student's Age						
Height			Polio Vaccine			
Weight						
Vision (Shellen) Right		20/___	Measles:			
Left		20/___	Rubeola			
Glasses	Yes	No	Rubella			
Audiometer Test						
Type			Mumps			
Results Right _____		Left _____				
	Normal	Abnormal		Normal	Abnormal	
Eyes			Dentures			Date _____
Ears			General Appearance			
Nose			Skin			Athletics Yes No
Throat			Glands			
Tonsils			Lungs			Signature _____
Oral Hygiene			Heart Sound			Address _____
Condition of Teeth			Blood Pressure			City _____
Bridgework			Pulse			Phone (___)_____