

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/ 120/

HEARING R/151 /15

CARDIOVASCULAR
SPLEEN
MUSCULO-SKELETAL
NEUROLOGICAL
URINALYSIS

RESPIRATORY
LIVER
HERNIA
SKIN
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				

Date.

Signature of Examining Physician

Physician's Address

Physician's Phone No.