

PHYSICAL

NAME _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

NORMAL

- () General appearance
- () Blood pressure
- () Vision (Snellen) R_____/L_____
- () Pupils: Equal? Y/N _____ If not, relative size R_____/L_____
- () Lymph nodes
- () Lungs
- () Heart
- () Abdomen
- () Genitalia Hernia Y/N _____
- () Sexual development: Age appropriate _____
- () Skin
- () Neurologic
- () Musculoskeletal exam

The following problems should be corrected by rehabilitation or receive medical treatment prior to participation: _____

The above named student has been examined by me and I hereby certify that they may participate in competitive sports.

Examining Physician

Date