

Boys and Girls Medical History and Physical Examination Form

Student's Name: _____ Sex (circle one): M F Date of Birth _____

Parent or Guardian Name: _____ Family Doctor or Clinic: _____

Family Dentist or Clinic: _____

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As a minimum requirement, this Physical Examination Form must be completed each year prior to junior high athletic competition.

All Blank Spaces Must Be Completed

Weight _____ Height _____ Pulse _____ Blood Pressure _____

Legend: N = normal X = abnormal NE = not examined

General Body Build _____ Skin _____

Eye _____ Ear _____ Nose _____ Throat _____ Teeth _____ Neck _____ Lungs _____
Heart _____ Chest _____ Liver _____ Spleen _____ Spine _____ Abdominal Masses _____

Joint Function: Neck _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____
Hips _____ Knees _____ Ankles _____ Feet _____

Neurological _____ Hernia _____ Genitalia (male only) _____

Description of abnormal findings: _____

I certify that I have examined this student and he/she may compete in supervised school athletic activities listed below with the exception of those crossed out.

Baseball Cross Country Golf Softball Tennis Volleyball
Basketball Football Soccer Swimming Track & Field

Other: _____

Special instructions or special limitations _____

Date of examination: _____ Printed or typed name of Physician: _____

Physician's Address: _____ Signature of Physician: _____