PHYSICAL EXAMINATION REPORT

Date_____
Name_____
Last First Middle I.
Address_____
Phone_____ Sex_____ Age_____ Grade_____ Birthdate_____
Emergency Contact Person_____
Phone_____
Family Doctor_____ Phone_____

*** DO NOT WRITE BELOW THIS LINE ***

Code: 0 = Satisfactory
X = Unsatisfactory

Height_____ Weight_____
Blood Pressure_____ Pulse_____

Eyes_____ Heart_____
Ears_____ Lungs_____
Nose_____ Abdomen_____
Throat_____ Scoliosis_____
Lymph_____ Extremities_____
Skin_____ Hernia_____

Vision R corrected_____ uncorrected_____
L corrected_____ uncorrected_____
Glasses_____ Contact lenses R____ L____ both____

Urinalysis: Sug._____ Alb._____
Leuck._____ Blood_____ Menses? Y or N

Does this person regularly take any medication? If so, please explain.
_____

Does this person have any known allergies? _____

The above name individual has been cleared for participation in the following activities:

_____ Limited contact impact (basketball, volleyball)
_____ Noncontact strenuous (track and field, cross country)

Provider's/Physician's signature_____

Physician's Name_____ Date_____
Please print