

REPORT OF PHYSICAL EXAMINATION
(BY STUDENT'S PHYSICIAN IF POSSIBLE)

URINE AND HEMOGLOBIN REQUIRED

Height _____ Hearing _____ B.P. _____ Urine: Sugar _____ ab.

Weight _____ Vision _____ Pulse _____ Hemoglobin _____ gm.
or % _____

General Appearance _____ Ears _____ Lungs _____

Nutrition _____ Nose _____ Abdomen _____

Posture _____ Throat _____ Extremities _____

Skin _____ Teeth and Gums _____ Reflexes _____

Eyes _____ Heart _____ Hernia _____

THIS STUDENT'S PHYSICAL EXAMINATION IS NORMAL EXCEPT FOR THE FOLLOWING FINDINGS:

Does student's history and physical examination permit full activity in sports? Yes _____ No _____

Any Limitations? _____ Why? _____

Are X-Rays or other tests indicated ? Yes _____ No _____

What? _____

DATE ___ / ___ /

Print Name of Examining Physician

Signature of Examining Physician

Address

Phone