

PHYSICAL EXAM
(Required every 2 years)

Student _____ Date _____

Height _____ Weight _____ Blood Pressure _____

Eyes R 20/ _____ L 20/ _____

Ears R _____/15 L _____/15

Respiratory _____ Cardiovascular _____ Liver _____ Spleen _____

Hernia _____ Musculoskeletal _____ Skin _____ Genitalia _____

Neurological _____ Laboratory: Urinalysis (as needed) _____

Other _____

Comments by physician _____

Recommendations: I feel this young person can participate in the sport(s) of choice based upon the physical exam I conducted, providing he/she can pass the physical fitness requirements set forth by the coach and school in regard to the sport(s).

Date

Signature of Physician