

MEDICAL EXAMINATION FORM

STUDENT'S NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ BLOODPRESSURE _____

CHECK IF NORMAL:

DESCRIBE ABNORMALITIES:

<input type="checkbox"/> Eyes	_____
<input type="checkbox"/> ENT	_____
<input type="checkbox"/> Heart	_____
<input type="checkbox"/> Lungs	_____
<input type="checkbox"/> Abdomen	_____
<input type="checkbox"/> Genitalia (males)	_____
<input type="checkbox"/> Musculoskeletal	_____
<input type="checkbox"/> Neurological	_____
<input type="checkbox"/> Skin	_____

LABORATORY

Urinalysis _____

Other (where indicated) _____

(The following conditions are automatically considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye, or testicle. This list is not intended to include all disqualifying conditions.)

I certify that I have examined the above-named student and that such examination revealed _____ condition/s _____ no conditions that would prevent this student from participating in the interscholastic sport listed.

If the student is not qualified, list reasons for disqualification: _____

Physician's signature _____ License # _____ Date _____

Address _____ City/State _____ Zip _____