

PHYSICIAN FORM

Health Examination for Middle School Sports

Form F

Student's Name: _____ Age: _____

Date of Birth: _____ Sex: _____ Grade: _____ Homeroom: _____

Height: _____ Weight: _____ B/P: _____ Urinalysis: _____

HEENT _____

Mouth/Teeth _____

Neck _____

Cardiovascular _____

Respiratory _____

Abdomen _____

Hernia _____

Genitalia _____

Musculo/Skeletal _____

Neurological _____

Skin _____

General Impression:

I certify that I have, on this date, examined this student and that, on the basis of this examination and on the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities except for the restrictions as noted below:

Restrictions:

Date of examination: _____

Doctor's name: _____

Doctor's signature: _____