

**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: \_\_\_\_\_