



PHYSICAL EXAMINATION FORM FOR INTERSCHOLASTIC SPORTS

Name of Student _____

Name of Parent(s)/Guardian(s) _____

Home Address _____

HT. _____ WT. _____ Blood Pressure _____ Pulse _____

General _____

EENT _____

Neck _____

Chest _____

Heart _____

Neuromusc _____

Genitalia _____

Urinalysis _____

I have examined the above student and I find him / her physically **(able)** **(unable)** to engage in all sports will
the following exceptions: _____

Signature of Physician

Date of Exam