

MEDICAL INFORMATION

(Completed by physician)

PHYSICAL EXAMINATION

Name _____ Grade _____ Age _____ Sex _____ Height _____ Weight _____
B/P _____ / _____ Temperature _____ Pulse _____ Respirations _____

Skin _____ Any recurring problems? _____

Head
Hair and scalp _____
Eye abnormalities _____ Vision _____ Left _____ Right _____
Ear abnormalities _____ Hearing _____ Left _____ Right _____

Nose and Throat
Palpable nodes _____
Tonsils _____

Chest
Lungs _____
Heart _____

Abdomen: Hernia (*inguinal; femoral; umbilical; other*) _____

Extremities _____

Orthopedic Defects _____

() I recommend a **regular** program of activity, which includes the following:
Boys - Basketball, soccer, track, wrestling, volleyball, gym hockey, football, etc.
Girls - Tumbling, basketball, volleyball, gymnastics, soccer, track, badminton, etc.

() I recommend a **modified** program of physical activity. (Specify degree and reason below)
Restricted physical education includes less strenuous activities such as: ping pong, walking, throwing, officiating and score-keeping.

Comments and recommendations _____

***Recommendations for modified activity are effective for the current school year only.**

Any other information not covered above _____

Other comments _____

Date _____ Signature _____
Address _____
City, State, & Zip _____ Phone (____) _____