



ADVENTURE CHRISTIAN SCHOOL PHYSICAL FORM

SCHOOL YEAR: _____

STUDENT'S NAME: _____
LAST NAME FIRST NAME MI

DATE OF BIRTH: ____/____/____ HEIGHT: ____ FT ____ IN WEIGHT ____ LBS

EXAM CATEGORIES	ACCEPTABLE:		COMMENTS
	YES	NO	
HEAD			
NECK			
EARS, NOSE, THROAT			
DENTAL			
EYES			
HEART			
CHEST AND LUNGS			
SKELETAL			
HERNIA			

___ YES ___ NO PAST MEDICAL PROBLEMS OR HOSPITALIZATIONS? IF YES, GIVE DATES AND EXPLANATION.

___ YES ___ NO PAST INJURIES, FRACTURES OR SURGERIES? IF YES, PLEASE GIVE DATES AND EXPLANATION.

___ YES ___ NO CURRENTLY TAKING ANY MEDICATIONS? IF YES, PLEASE LIST AND GIVE DETAILS.

___ YES ___ NO ANY ALLERGIES? IF YES, PLEASE GIVE DETAILS.

___ YES ___ NO WEARS CORRECTIVE LENSES?

THIS PHYSICAL EXAMINATION IS DESIGNED TO ESTABLISH THE ACCEPTABILITY OF THE STUDENT FOR PARTICIPATION IN ATHLETICS ONLY IN A GENERAL MANNER AND DOES NOT REPLACE OR CONSTITUTE AN EXAMINATION FOR THE DETECTION OF ABNORMALITY OR DISEASE.

___ PASS ___ FAIL DOCTOR'S CONCLUSION FROM EXAM. PLEASE SPECIFY ANY RECOMMENDATIONS.

DATE OF EXAMINATION

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME (PRINT PLEASE)

PHYSICIAN'S ADDRESS