PHYSICAL EXAM CARD

Name (last)	- Opensial Control of the Control of	(first)	(mi)	Grade		
Address				Age	Date of Birth	And a find the second s
City	The second secon	Zip	Phone	Male	Female	
Physical Information:	The following questions m	ust me answered	by the student and ve	Physical Information: The following questions must me answered by the student and verified by the parent/guardian.		School and the School and the School
i. Are you cu	1. Are you currently under a physician's care for any reason?	care for any reason	77		YES	
 Are you cu Are you al 	Are you currently taking any prescription medication(s)? Are you allergic to any medications to the best of your knowledge? (ex. ~ Penicillin)	the best of your kr	nowledge? (ex. ~ Penic	illin)		
	Have you been knocked unconscious any time during the past year?	any time during the	past year?			
5. Do you nee	Do you need a tetanus booster (usually once every ten years)?	once every ten ye	ars)?			
6. Do you hay 7. Do you kn	 Do you have only ONE working organ of a usually paired organ: (ex.: only one ear, kidney, lung) Do you know of, or believe there is, any health reason why one should not participate in interscheding the control of the co	of a usually paired by health reason when	d organ: (ex.: only one ny you should not parti	 Do you have only ONE working organ of a usually paired organ: (ex.: only one ear, kidney, lung) Do you know of, or believe there is, any health reason why you should not participate in interscholastic athletics? 	YES NO YES NO	
No	Explain	questions, marcate	me question number at	NoExplain	ow.	
No.	Explain		menickammon-process for m-money same state all models (100, 100, 100, 100, 100, 100, 100, 100			
TO BE COMPLETED BY DOCTOR:	PHYSICAL: Indicate in the space provided by each topic if there is a deficiency that should be noted. TO BE COMPLETED BY DOCTOR:	topic if there is a d	eficiency that should b	e noted.		
Blood Pressure	URINE (protein)	(sugar)	EYES	HEIGHT	WEIGHT	
ALLERGIES	EARS		HEART	TETH	FALSE TEETH	Processor as areas museum
LUNGS	SKIN		HERNIA	THROAT	THYROID	contribute decimands remaindened
Additional Remarks	marining de la de la destaction de la de	- Population and the second and the				
I hereby certify that the a Print or Stamp	bove named individual was	examined by me or	n the above date and fo			0.0000Cml=0000000mlmlmin
**************************************	~			I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholast Print or Stamp	n interscholastic athletics.	Additional designations of the second
AMARAN — III A (DA-C) (A-C) A-C) (III (A-A) (A) (III (A) (A) (A) (III (A) (A) (A) (III (A)		Name	Signature of Physician	und physically fit to engage ii ysician	n interscholastic athletics.	Adepte — Bertales de Companya de La
		Name Address	Signature of Ph	und physically fit to engage it	n interscholastic athletics.	