

FOREST LAKE CHRISTIAN HIGH SCHOOL ATHLETIC EXAMINATION FORM

Student's Name: _____
Last Name
First Name
Middle Name

Date of Birth: ____/____/____ Height: ____Ft ____In Weight: _____Lbs

Exam Categories	<u>Acceptable:</u>		Comments
	YES	NO	
Head			
Neck			
Ears, Nose, Throat			
Dental			
Eyes			
Heart			
Chest and Lungs			
Skeletal			
Hernia			

While Student Is Standing	Before Exercise	Immediately After _____ Minutes Exercise	3 Minutes After Exercise
Blood Pressure			
Pulse			

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