



# FOREST LAKE CHRISTIAN MIDDLE SCHOOL & HIGH SCHOOL PHYSICAL 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			

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