

# Physician's Physical Evaluation

CHRISTIAN LIFE ACADEMY

3973 St. Rt. 257, Seneca 16346

Height \_\_\_\_\_ Weight \_\_\_\_\_ Heart Rate \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Respiration \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected Yes \_\_\_\_\_ No \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

Medical Findings: **Normal / Abnormal / Comments on specific areas**

Appearance \_\_\_\_\_

Eyes/ears/nose \_\_\_\_\_

Heart sounds \_\_\_\_\_

Pulses \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia (males) \_\_\_\_\_

Skin \_\_\_\_\_

Neck \_\_\_\_\_

Back (scoliosis) \_\_\_\_\_

Shoulder/arms \_\_\_\_\_

Elbows/forearms \_\_\_\_\_

Wrists/hands \_\_\_\_\_

Hips/thighs \_\_\_\_\_

Knees \_\_\_\_\_

Legs/ankles \_\_\_\_\_

Feet/toes \_\_\_\_\_

## **Physician's Medical Release:**

I have completed a physical examination on \_\_\_\_\_ and have found him/her

(Student Name)

to be in adequate physical condition to participate in all sport activities for this school year.

Physician's signature: \_\_\_\_\_ Exam date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_