In order for any student to be eligible for interscholastic athletics, there must be on file in your school's office a current Medical History Form (signed by a physician) certifying that the student has passed a physical exam, and that in the opinion of the examining physician (M.D. or D.O.) the student is fully able to participate in interscholastic athletics. A physical exam will satisfy the requirement for one calendar year from the date of the exam.

PHYSICAL EXAMINATION

Height	Weight	BP	/	Pulse	
	L 20/				
		Normal		Abnormal Finding	
	Cardiovascular	Normai		Abhormar Finding	
Pulses				A CONTRACTOR OF THE CONTRACTOR	
	Heart				
	Lungs				
Skin					
	E.N.T.				
	Abdominal				
G	enitalia (males)				
N	Musculoskeletal				
	Neck				,
	Shoulder				
	Elbow				
	Wrist				
	Hand				
	Back				
	Knee				
	Ankle				
	Foot				
	Other				
Clearance:	Cleared				
В.	Cleared after completing eva	aluation/rehabilit	ation for:		
C.	Not cleared for: () Collisi				
				Moderately strenuous	Non-strenuous
Due to:					
Recommendation	n:				
Name of physicia	an				
Address					
Signature of physician					