

ADVENTURE CHRISTIAN SCHOOL PHYSICAL FORM

SCHOOL YEAR:

STUDENT'S NAME	·	LAST NAME		FIRST NAME			MI	
DATE OF BIRTH:	/	/	HEIG	HT:FT	IN	WEIGHT	LBS	
DATE OF EXAMINA	TION:							
EXAM		ACCEPTABLE:		COMMENTS				
CATEGORIE	S	YES	NO	COMMITTION				
HEAD								
NECK								
EARS, NOSE, THR	OAT							
DENTAL								
EYES								
HEART								
CHEST AND LUNG	iS							
SKELETAL								
HERNIA								
YESNO	PAST MEDICAL PROBLEMS OR HOSPITALIZATIONS? IF YES, GIVE DATES AND EXPLANATION.							
YESNO	PAST INJURIES, FRACTURES OR SURGERIES? IF YES, PLEASE GIVE DATES AND EXPLANATION.							
YESNO	CURRENTLY TAKING ANY MEDICATIONS? IF YES, PLEASE LIST AND GIVE DETAILS.							
YESNO	ANY ALLERGIES? IF YES, PLEASE GIVE DETAILS.							
YESNO	WEARS CORRECTIVE LENSES?							
THIS PHYSICAL EXAM ATHLETICS ONLY IN <i>A</i> ABNORMALITY OR D	GENERAL							
PASSFAIL	DOCTOR'S	CONCLUSION	FROM EXAM. PL	EASE SPECIFY AN	IY RECO	MMENDATIONS.		
PHYSICIAN'S SIGNATURE			IYSICIAN'S NAME (PR				SIGNED	