

PHYSICAL HEALTH FORM

To be completed by a licensed physician.

Patient's Name: _____

This examination is for determining fitness and endurance to engage in potentially strenuous activities. All of the information on this form must be completed. This form may not be substituted by any shorter form.

CODE: OK – Satisfactory X – Not Satisfactory N – Not Examined

Height _____ Weight _____ Blood Pressure _____ HGB Test _____

Urinalysis _____ Eyes _____ Lungs _____ Allergies _____

Glasses _____ Abdomen _____ Nose _____ Hernia _____

Throat _____ Extremities _____ General Appraisal _____ Teeth _____

Posture (Spine) _____ Heart _____ Skin _____

GENERAL INFORMATION

Immunization History (Dates/Doses)

DPT _____ Booster _____

Polio OPV _____ Booster _____

Tetanus Booster _____ German Measles (Rubella) _____

Measles Vaccine (Live) _____ Tuberculin Test _____

Mumps (Live) _____ Smallpox _____

Recommendations and Restrictions

Special Diet _____

Medications _____

Is parent sending it? _____

Swimming and Diving _____

Strenuous Activity _____

Other _____

Physician's Authorization

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous activities, except as noted.

Date _____ Examining Physician _____

Phone _____ Address _____