

ALABAMA INDEPENDENT SCHOOL ASSOCIATION PHYSICAL EXAMINATION FORM

(This front sheet is to be completed by a physician...the remaining sheets are to be completed by the Parent/Guardian)

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____
(Systolic/Diastolic) (Beats/Min)

Vision: Right 20/ _____ Left 20/ _____ Corrected _____ Uncorrected _____

Date of last menstrual period _____

	CHECK ONE		IF ABNORMAL, EXPLAIN
1 Skin	Normal ()	Abnormal ()	_____
2 Head & Neck	Normal ()	Abnormal ()	_____
3 Eyes	Normal ()	Abnormal ()	_____
4 Ears, Nose, & Throat	Normal ()	Abnormal ()	_____
5 Teeth & Mouth	Normal ()	Abnormal ()	_____
6 Lungs & Chest	Normal ()	Abnormal ()	_____
7 Cardiovascular	Normal ()	Abnormal ()	_____
8 Abdomen & Lymphatics	Normal ()	Abnormal ()	_____
9 Genitalia/Hernia	Normal ()	Abnormal ()	_____
10 Orthopedic Screening:			
a. upper extremities	Normal ()	Abnormal ()	_____
b. lower extremities	Normal ()	Abnormal ()	_____
c. spine & back	Normal ()	Abnormal ()	_____
11 Neurological	Normal ()	Abnormal ()	_____

ADDITIONAL COMMENTS:

No pupil shall be eligible to represent their school in interscholastic athletics unless there is on file in the Headmaster's office a physician's statement for the current year certifying that the pupil has passed an adequate physical examination, and that in the opinion of the examining physician he/she is fully able to participate in high school athletics.

This is to certify that on this _____ day of _____, 20____, I performed the above limited examination on _____ of Lee-Scott Academy and based upon an evaluation of the medical history provided and upon my limited examination, I am of the opinion that he/she IS___ IS NOT___physically able to participate in ALL___ *LIMITED___ athletic events of the school.

PHYSICIAN (M.D. or D.O.)

*EXPLAIN LIMITATIONS/EXCLUSIONS