

MEDICAL EXAMINATION  
(Please Print or Type)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Remarks \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Nose \_\_\_\_\_

Throat \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomin \_\_\_\_\_

Hernia \_\_\_\_\_ Skin \_\_\_\_\_ Extremities \_\_\_\_\_

Feet \_\_\_\_\_ Ears \_\_\_\_\_ Temperature \_\_\_\_\_

Examined by Dr. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_\_\_ 20\_\_\_\_  
and found physically fit to participate in football or cheer activities.

\_\_\_\_\_  
(Signature of Physician)