

HISTORY AND PERMISSION FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAM

STUDENT'S HEIGHT _____ WEIGHT _____ BP _____ PULSE _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

*Station-based examination only.

OPTIONAL TESTS
URINALYSIS
ALBUMIN _____
SUGAR _____
MICRO (IF ABOVE TEST ABNORMAL)

BLOOD COUNT (FOR FEMALES) HGB.

OR
HCT. _____

SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES _____ NO _____

RECOMMENDATIONS:

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE: EXCEPTIONS IN RECOMMENDATIONS AREA).

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S TELEPHONE NO.: _____

<u>PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)</u>
