PHYSICAL EXAMINATION

PARTICIPANTS' NAME: _____ AGE _____

TO PHYSICAN: YOUR CAREFUL EXAMINATION AND WRITTEN RECOMMENDATION WILL ENCOURAGE PERSONAL FITNESS AND SAFE PARTICIPATION IN STRENUOUS SPORTS ACTIVITIES. PLEASE COMPLETE THE FOLLOWING PHYSICAL EVAUATION AND REVIEW MEDICAL HISTORY WITH PARTICIPANT.

NORMAL		**ADNORMAL**
_____	WEIGHT: _____	_____
_____	EYES, EARS, NOSE, THROAT	_____
_____	BLOOD PRESS: _____/_____	_____
_____	HEART	_____
_____	OS, LUNGS	_____
_____	ABDOMEN	_____
_____	HERNIA	_____
_____	EXTREMITIES	_____
_____	SPINE (POSTURE)	_____

MEDICAL HISTORY

CHECK ANY OF THE FOLLOWING ILLNESSES OR SYMPTOMS THAT HAVE OCCURRED TO THE PARTICIPANT IN THE PAST OR PRESENT TIME.

_____ ASTHMA _____FAINTING _____ CONVULSIONS

_____ DIABETES _____ HEADACHES _____ HEART TROUBLE

_____ ALLERGIES: _____

_____ MEDICATION ALLERGIES: _____

SIGNATURE: _____ **DATE:** _____

PHYSIAN, INTERN, OR RN