EAGLES ATHLETICS SPORTS PHYSICAL FORM

This Physical Examination Form to be completed by a health care provider.

To the examiner: Please review the student's history and complete the following Physical Examination Form. Please comment on all abnormal findings and be sure all information is complete.

Student's Full Name: _____Date of Birth: _____

Blood Pressure: _____Pulse: _____ Height: _____ Weight: _____

Skin: _____ Heart: _____

Head: _____ Abdomen: _____

Eyes: _____ Hernia: _____

Nose: _____ Extremities/Joints: _____

Neck: _____ Neurological/Mental Status: _____

Thyroid: _____ List Current Medications/Dosage and Frequency:

Lungs: _____ _____

Surgical History: _____

Medical Provider's Signiture: _____ Today's Date: _____