

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
PHYSICAL EXAMINATION FORM**

(Completed by Physician)

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 and 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 the _____ School/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 LLIMITATIONS/EXCLUSION

