

William S. Hart Union High School District

CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB _____ / _____ / _____

Height _____ Weight _____ Pulse _____ BP _____ / _____

Please place a “✓” as either Normal or Abnormal for all findings below. Please describe in detail all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional comments: _____

List any restrictions and duration: _____

I hereby certify that _____ was examined by me on _____ 20____

and found to be physically fit to engage in athletics.

Physician’s Signature _____ **Date** _____

Stamp name or attach card of medical office here ▼