

Jim Elliott Christian High Athletic Physical Examination Form
Prerequisite To Competitive Athletic Participation

Name _____ Birthday _____ Phone _____ Family Physician _____

Physical Examination	Freshman Date	Sophomore Date	Junior Date	Senior Date
Height				
Weight				
Blood Pressure				
Pulse				
Urine	Protein / Glucose	Protein / Glucose	Protein / Glucose	Protein / Glucose
Eyes				
Corrective Lens	YES NO	YES NO	YES NO	YES NO
Ears				
Lung				
Heart				
Murmur / Arrhythmia				
Abdomen				
Hernia				
Testicles				
Musculoskeletal				
Scars				
Spine				
Comments...				