



MBS ATHLETICS: PHYSICAL EXAMINATION FORM

Date: _____

Name of athlete _____ Sex ____ Date of Birth _____

Allergies _____

Examiner _____ Phone _____

Age _____ Grade _____ Height _____ Weight _____

Blood Pressure _____ Pulse/Min _____ Eyes RT 20/_____ Lt 20/_____

Code: X = Normal, R = See Remarks Below

1. Skin/Scalp _____

8. Neck _____

2. Ear/Nose/Throat _____

9. Back/Scoliosis _____

3. Lungs _____

10. Shoulders/Elbows _____

4. Heart _____

11. Wrists/Hands _____

5. Abdomen/Hernia _____

12. Knees _____

6. Ankles/Feet _____

7. Tanner Stage _____

Remarks:

Examiner Signature _____

***examiner should also sign medical history form.