

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_