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.

_____ (M.D. or D.O.)
PHYSICIAN

*EXPLAIN LIMITATIONS/EXCLUSION

_____

_____

_____