

(JCLA- FORM HE)

DR. LEWIS S. LIBBY SCHOOL HEALTH EXAMINATION FORM

To be completed by family physician. This form is not necessary if a student already has a physical exam on file from this or the previous year.

Student's Name _____ Age _____

DOB _____ Sex: M F

School Attending _____ Grade _____

Height _____ Weight _____ BP _____ Urinalysis _____

HEENT _____

Mouth/Teeth _____

Neck _____

Cardiovascular _____

Respiratory _____

Abdomen _____

Hernia _____

Genitalia _____

General Impressions:

I certify that I have on this date examined this student and that, on the basis of this examination and on the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to participate in supervised athletic activities except for the restrictions as noted below.

Restrictions:

Date of Examination: _____ Physician's Signature _____

RETURN TO COACH/ADVISOR WHO WILL FORWARD TO AD