

Name Birthday Age

FAMILY DOCTOR

**MERRILL F. WEST HIGH SCHOOL ATHLETIC HISTORY AND PHYSICAL EXAMINATION
PREREQUISITE TO COMPETITIVE ATHLETIC PARTICIPATION**

PHYSICAL EXAM.	FRESHMAN		SOPHOMORE		JUNIOR		SENIOR	
	Date		Date		Date		Date	
Height								
Weight								
Blood Pressure								
Eyes								
E.N.T.								
Teeth								
Thorax								
Heart								
Lungs								
Abdomen								
Hernia								
G. U.— Gyn								
Ortho.								
Urinalysis	Prot.	Gluc.	Prot.	Gluc.	Prot.	Gluc.	Prot.	Gluc.

FOLLOWING CONDITIONS MAY EXCLUDE PARTICIPATION

General: Acute infections, active chronic infections.

Vision: Less than 20/100 without glasses. One eye.

Heart: Recumbent pulse over 105 on three successive exams.
Organic murmurs.
Marked arrhythmias.
Blood pressure above 150/90 without further study.

Hernia: Unless satisfactorily repaired.

G. U.: Nephritis, gross hydrocele, cryptorchidism.

Examiner: _____

HISTORY

BROKEN BONES or INJURY

Age at time of

Head
Spine
Knee
Ankle
Arm
Hernia
Other

SERIOUS ILLNESS

Yes No

Heart Disease
Diabetes
Epilepsy
Kidney
Convulsions
Hepatitis
Other

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