

William S. Hart Union High School District

Certificate of Physical Examination

Name _____ DOB _____

Height _____ Weight _____ Pulse _____ BP _____

Please place a "X" as either Normal or Abnormal for all findings below. Please describe in detail all abnormal findings.

Table with 4 columns: Finding, Normal, Abnormal, Comments. Rows include Heart, Pulses, Lungs, Neck, Back, Shoulder/Arm, Wrist/Hand, Hip/Thigh, Knee, Leg/Ankle/Foot, and Other pertinent medical findings.

Additional comments: _____

List any restrictions and durations: _____

I hereby certify that _____ was examined by me on ___/___/20___ and found to be physically fit to engage in athletics.

MUST BE COMPLETED BY MD or DO

Physician's Signature _____ MD/DO Date _____

Stamp name or attach card of medical office here ↓