

LITCHFIELD MIDDLE SCHOOL
19 MCELWAIN DRIVE
LITCHFIELD, NH 03052

ATHLETIC PHYSICAL EXAMINATION

FOR DOCTOR TO FILL IN:

Student's Name _____ Height _____ Weight _____

E.N.T. _____ Orthopedic _____

Teeth _____ Back _____

Heart _____ Hernia _____

Blood Pressure _____ General Condition _____

Paired Organs – Function

A. Eyes _____

C. Testes _____

B. Kidneys _____

D. Ears _____

Any restrictions _____

Doctor's Signature

Date