

CAMPBELL HIGH SCHOOL SPORTS PHYSICAL EXAM

NAME: _____ BIRTHDATE: _____

Allergies: _____ Medications: _____

IMMUNIZATIONS: (Td)	/(HepB
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Vision: _____ Hearing: _____

Ht: _____ Wt: _____ Pulse: _____ BP: _____

Medical Conditions:	
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Exam	WNL	ABN.	Comments
Skin			
HEENT			
Neck/Thyroid			
Respiratory			
Cardiovascular			
Abdomen			
Genito-Urinary			
GI			
Musculo-Skeletal			
Neurologic			

_____ The above student may participate in sports without restrictions.

_____ The student may participate with the following restrictions: _____

Physician Signature: _____

Phone: _____ Name: _____

Date of Exam: _____