

EPWORTH CHRISTIAN SCHOOL
INTERSCHOLASTIC ATHLETIC PHYSICAL EXAMINATION

To be completed by Healthcare Provider

Student's Name _____

Student's Birthdate _____

Weight: _____

Height: _____

Check mark = Examined and Found to be Normal.

| | NORMAL | ABNORMAL | COMMENTS |
|------------------------|--------|----------|----------|
| Skin | | | |
| Eyes | | | |
| Ears | | | |
| Mouth/Throat | | | |
| Lymphatics | | | |
| Chest | | | |
| Heart | | | |
| Abdomen | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulders | | | |
| Wrists | | | |
| Knees | | | |
| Ankles | | | |

On the basis of history and examination, this pupil will be able to participate in competitive sports for the School Year 2023-2024.

YES _____ NO _____

Signature _____ Date _____

Healthcare Provider