

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 2024-2025.

YES _____ NO _____

Signature _____ Date _____
Healthcare Provider