

Bear Creek High School Athletic Physical Examination Form

Student Last Name: _____ Student First Name: _____ Student ID#: _____

Birthday: _____ Age: _____ Physician: _____ (contact #) _____

The following may exclude athlete participation: Active infections, vision of less than 20/100 without correction, recumbent pulse over 105 after three attempts, organic murmurs or marked arrhythmias, BP over 150/90 without further study or treatment, hernia.

	Freshman	Sophomore	Junior	Senior
Height				
Weight				
Blood Pressure				

Eyes				
Ears				
Teeth				
Thorax/Chest				
Lungs				
Heart				
Abdomen				
Hernia				
Testicles/Genitalia				

Ortho: Deformity				
Scars				
Knees				
Back				
Hips				
Cleared for Athletics				

Additional Comments: _____

Examiners Signature: _____

Date: _____