

**William S. Hart Union High School District**

**Certificate of Physical Examination**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_

Please place a "X" as either Normal or Abnormal for all findings below. Please describe in detail all abnormal findings.

	Normal	Abnormal	Comments
Heart			
Pulses			
Lungs			
Neck			
Back			
Shoulder/Arm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle/Foot			
Other pertinent medical findings			

Additional comments: \_\_\_\_\_

\_\_\_\_\_

List any restrictions and durations: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that \_\_\_\_\_ was examined by me on \_\_\_/\_\_\_/20\_\_\_

and found to be physically fit to engage in athletics.

**MUST BE COMPLETED BY MD or DO**

Physician's Signature \_\_\_\_\_ MD/DO Date \_\_\_\_\_

Stamp name or attach card of medical office here ↓