

MARINERS CHRISTIAN SCHOOL
ATHLETIC PHYSICAL FORM

THIS PORTION IS TO BE COMPLETED BY EXAMINING PHYSICIAN

NAME: _____ DOB: _____
HEIGHT: _____ WEIGHT: _____
PULSE: _____ BLOOD PRESSURE: _____ / _____
EARS: _____ NOSE: _____ THROAT: _____

Dental evaluation (missing teeth, dental bridge, false teeth) _____
Respiratory impairment? _____
Cardiovascular abnormalities? _____
Neurological evaluation: _____

MUSCULOSKELETAL EVALUATION

Neck, shoulder girdle, upper extremity _____
Abnormalities? _____
Limitations of movement? _____
Trunk _____
Rib abnormalities? _____
Thigh and knee _____
Hamstring or quadriceps abnormality? _____
Knee ligament and stability? _____
Knee joint effusion or crepitation? _____
Calf, ankle and foot _____
Achilles tendon disorder? _____
Ankle ligament stability? _____
Ankle joint effusion or crepitation? _____
Foot problems? _____
Limitation of movement? _____

I examined this student on _____. No physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except _____. (If none, state "none".)

Examining Physician _____
Phone: _____