



# Grace Temple Christian Academy Physical Form

Student's Name \_\_\_\_\_ Gender: M F

School \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Primary Care Physician/Clinic \_\_\_\_\_

Conducting Physician/Clinic \_\_\_\_\_

Physician's Contact:

Phone, E-Mail, or Web \_\_\_\_\_

(All spaces must be filled in)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ B.P \_\_\_\_\_ / \_\_\_\_\_

Body Build \_\_\_\_\_ Skin \_\_\_\_\_ Body Fat % \_\_\_\_\_

\*If "Not Examined" please provide explanation or reason for non-examination in the abnormal findings section.

Medical Item	Normal	Abnormalities or Unusual Findings	*Not Examined
Eyes/Ears/Nose/Throat			
Teeth/ Lymph Nodes			
Heart - Supine/Standing			
Lungs			
Abdomen			
Chest			
Genitalia (male only)			
Other:			
Muscular or Skeletal	Normal	Abnormalities or Unusual Findings	*Not Examined
Neck			
Shoulders			
Back/Spine			
Elbows			
Wrists / Hands			
Hips			
Knees			
Ankles / Feet			
Other:			

Date of Examination \_\_\_\_\_

Conducting Physician's Printed Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Cleared for Participation       Not Cleared for Participation

Cleared for Participation after completing the following, (i.e. rehabilitation etc.) \_\_\_\_\_

\_\_\_\_\_