

PHYSICIANS EXAMINATION RECORD

Athlete's Name _____

Pulse _____ Rhythm _____ Blood Pressure _____ Weight _____ Height _____

Heart _____ Describe any abnormality _____
check

Eyes/Ears/Nose/Throat _____ Describe any abnormality _____
check

Lungs _____ Describe any abnormality _____
check

Abdomen _____ Describe any abnormality _____
check

Hernia NO _____ YES _____ Reflexes _____

Extremities and back. Please indicate any history of orthopedic defect(s) _____

Tetanus within last 5 years _____

I certify that I have on this date examined the above student and from the limited examination above, I could detect no reason for him not to participate in the Fox Warrior Lacrosse Club.

Date _____ Signed _____

Physician