

Fort Irwin Middle School
CERTIFICATE OF PHYSICAL EXAMINATION

Name _____ DOB ____/____/____

Height _____ Weight _____ Pulse _____ BP ____/____

Please put a "√" as either Normal or Abnormal for all findings below. Please describe, in detail, all abnormal results.

	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 the above-named student was examined by me on _____
(date) and found to be physically fit to engage in athletics.

Physicians Signature

Date

Stamp name of offices here

(Can include Doctor phone, address in lieu
of stamp box or use lines within the box)