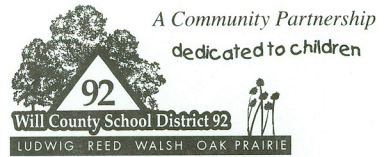


# ATHLETIC PHYSICAL



STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

YEAR _____	20	20	20	20
MONTH _____ DAY _____				
BLOOD PRESSURE _____				
PULSE _____				
HEART _____				
LUNGS _____				
BACK _____				
HERNIA _____				

**RESTRICTED SPORTS ACTIVITIES:**

20 \_\_\_\_\_

\_\_\_\_\_

20 \_\_\_\_\_

\_\_\_\_\_

20 \_\_\_\_\_

\_\_\_\_\_

20 \_\_\_\_\_

\_\_\_\_\_

APPROVED

DISAPPROVED

20 _____	_____	_____
20 _____	_____	_____
20 _____	_____	_____
20 _____	_____	_____

**EXAMINED BY:**

20 \_\_\_\_\_, M.D.

20 \_\_\_\_\_, M.D.

20 \_\_\_\_\_, M.D.

20 \_\_\_\_\_, M.D.

THIS FORM APPROVED BY SCHOOL DISTRICT 92 PHYSICIANS.

H-16

