



GRIZZLY ATHLETICS
WILLIAM S. HART SCHOOL DISTRICT
CERTIFICATE OF PHYSICAL EXAMINATION

NAME _____ DOB ___ / ___ / ___

HEIGHT _____ WEIGHT _____ PULSE _____ BP _____ / _____

PLEASE PLACE "X" AS NORMAL OR ABNORMAL FOR ALL FINDINGS BELOW. PLEASE DESCRIBE IN DETAIL ALL ABNORMAL FINDINGS.

| | NORMAL | ABNORMAL | COMMENTS |
|----------------------|--------|----------|----------|
| HEART | | | |
| PULSES | | | |
| LUNGS | | | |
| NECK | | | |
| BACK | | | |
| SHOULDER/ARM | | | |
| WRIST/HAND | | | |
| HIP/THIGH | | | |
| KNEE | | | |
| LEG/ANKLE/FOOT | | | |
| OTHER PERTINENT INFO | | | |

ADDITIONAL COMMENTS _____

LIST ANY RESTRICTIONS AND DURATION _____

I HEREBY CERTIFY THAT _____ WAS EXAMINED BY ME ON _____
 20__ AND FOUND TO BE PHYSICALLY FIT TO ENGAGE IN ATHLETICS

STAMP NAME OR PLACE CARD OF MEDICAL OFFICE BELOW