349 25 0235

BALTIMORE CITY PUBLIC SCHOOLS PHYSICAL EXAMINATION - INTERSCHOLASTIC ATHLETICS

1120-47-17

Last Name	First Name	. Date of Birth	Grade	
	Medical Examination Re	cord for Interscholastic Athletics		
Heart	•	Eyes	· · · · · · · · · · · · · · · · · · ·	
Ears		Nose & Throat		
Lungs		Abdomen		
Skin		6 -		
Blood Pressure (Sy	s)	Weight Hei	ght	
· (Dia	a)			
The above named st	udent (is, is not) able to pa	rticipate in interscholastic athletics.	•	
Date Examined (Mo., Day, Yr.)		Doctor's Sign	ature	
*				
School No.		Nurse's Initials Aft	Nurse's Initials After Entry	
		•		

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ı				
Last Name	First Name	Date of Birth	Grade	
	Medical Examination Re	ecord for Interscholastic Athletics		
Heart	<u>.</u>	Eyes	-	
Ears		Nose & Throat		
	+ + · ·	Weight Height _		
	(Dia)			
Other abnormalit	ies			
		urticipate in interscholastic athletics.		
•				
Date Examined (Mo., Day, Yr.)		Doetor's Signature		
		Ψ.		
School No.		Nursel's Initials After Enter	Nursa's Initials After Entry	