



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