

***Cheyenne Mountain Schools  
Physical Examination Form***

**Please Note:** All students in grades 7-12 **MUST** have a physical that is current through the sports season. Physicals are valid for a calendar year.

**Student's Name:** \_\_\_\_\_

**Physical Findings:**

Skin \_\_\_\_\_  
Eyes \_\_\_\_\_  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Glands \_\_\_\_\_  
Heart \_\_\_\_\_  
Lungs \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Extremities \_\_\_\_\_  
Spine \_\_\_\_\_  
Genitalia \_\_\_\_\_  
Vision R \_\_\_\_\_ L \_\_\_\_\_  
Hearing R \_\_\_\_\_ L \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
B/P \_\_\_\_\_  
Other \_\_\_\_\_

**Significant History:**

**Student Chronic Illness:**

**Current Medications:**

**Specific Medical Recommendations:**

**Immunization Dates:**

DT/DPT: \_\_\_\_\_  
MMR: \_\_\_\_\_  
Hep. B \_\_\_\_\_

Polio: \_\_\_\_\_  
HIB: \_\_\_\_\_

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**Statement of Physician**

I certify that I have examined \_\_\_\_\_  
Student's Name

And the student was found physically fit to engage in Junior High School: Cross County, Basketball, Football, Softball, Track, Volleyball, and Wrestling. (Please cross out any sport in which the student should **NOT** participate)

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_