

Wayne Christian School
Health Examination Certificate
For participation in interscholastic sports

1. Name _____ Age _____ Sex _____
2. Address _____ City _____ State _____ Zip _____
3. Blood Pressure _____ Weight _____ Height _____
4. Skin (record any evidence of disease) _____
5. Vision without glasses: Right _____ Left _____ With glasses: Right _____ Left _____
6. Hearing Ordinary conversation: Right _____ Left _____
7. Mouth, Nose, Throat (Record any evidence of disease or presence of speech defect) _____

8. Heart & Lungs (State whether individual can undergo normal activity) _____

9. Abdomen (Record any abnormality found, including hernia) _____

10. Genito-Urinary (Record any abnormalities found, result of urinalysis, and if necessary,
microscopic examination of discharge) _____

11. Nervous & Mental (Record any defects found) _____

12. Additional findings _____

13. Recommendations _____

14. School Year _____ Date of Examination _____

Signature of Physician _____

NOTE: Signature of Parent or Guardian gives consent of participation

Signature of Parent/Guardian _____ Date _____