

Name ..... Birthday ..... Age .....

FAMILY DOCTOR .....

**MERRILL F. WEST HIGH SCHOOL ATHLETIC HISTORY AND PHYSICAL EXAMINATION  
PREREQUISITE TO COMPETITIVE ATHLETIC PARTICIPATION**

PHYSICAL EXAM.	FRESHMAN		SOPHOMORE		JUNIOR		SENIOR	
	Date .....		Date .....		Date .....		Date .....	
Height								
Weight								
Blood Pressure								
Eyes								
E.N.T.								
Teeth								
Thorax								
Heart								
Lungs								
Abdomen								
Hernia								
G. U.— Gyn								
Ortho.								
Urinalysis	Prot.	Gluc.	Prot.	Gluc.	Prot.	Gluc.	Prot.	Gluc.

**FOLLOWING CONDITIONS MAY EXCLUDE PARTICIPATION**

**General:** Acute infections, active chronic infections.

**Vision:** Less than 20/100 without glasses. One eye.

**Heart:** Recumbent pulse over 105 on three successive exams.  
Organic murmurs.  
Marked arrhythmias.  
Blood pressure above 150/90 without further study.

**Hernia:** Unless satisfactorily repaired.

**G. U.:** Nephritis, gross hydrocele, cryptorchidism.

Examiner: \_\_\_\_\_

**HISTORY**

**BROKEN BONES or INJURY**

Age at time of

Head .....  
Spine .....  
Knee .....  
Ankle .....  
Arm .....  
Hernia .....  
Other .....

**SERIOUS ILLNESS**

Yes No

Heart Disease .....  
Diabetes .....  
Epilepsy .....  
Kidney .....  
Convulsions .....  
Hepatitis .....  
Other .....

**NOTES**

.....  
.....  
.....  
.....  
.....  
.....  
.....