



**Physical Examination (to be completed by Physician)**

Height _____	Weight _____	Vision: Left _____ Right _____
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Blood Pressure: Pre Run _____ / _____ Post Run _____ / _____
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Pupils: Left _____ Right _____
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	Check if negative:
Skin	_____
Shoulders	_____
Arm/Elbows/Wrist/Hand	_____
Knees	_____
Ankles	_____
Disposition	_____

Chest:	<b>Heart</b> Satisfactory - Unsatisfactory
	<b>Lungs</b> Satisfactory - Unsatisfactory

<b>Participation:</b>	
Full: _____	No/Limited: _____ Explain: _____

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I acknowledge that the FRCS Sports Physical taken today is in fact only a sport physical. This examination should in no way replace a student's annual physical with his/her physician. In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release examination physician, Franklin Road Christian School, a ministry of Brightmoor Christian Church, its officers, boards members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the below named child resulting directly or indirectly from my child's participation in the activities.

\_\_\_\_\_  
(Athlete's Name – PLEASE PRINT)

\_\_\_\_\_  
(Parent's Name – PLEASE PRINT)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)