

Physical Examination (to be completed by Physician)

Height _____

Weight _____

Vision: Left _____ Right _____

Blood Pressure: Pre Run _____ / _____ Post Run _____ / _____

Pupils: Left _____ Right _____

	Check if negative:
Skin	<input type="checkbox"/>
Shoulders	<input type="checkbox"/>
Arm/Elbows/Wrist/Hand	<input type="checkbox"/>
Knees	<input type="checkbox"/>
Ankles	<input type="checkbox"/>
Disposition	<input type="checkbox"/>

Chest:	Heart Satisfactory - Unsatisfactory
	Lungs Satisfactory - Unsatisfactory

Participation:	
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)