

MEDICAL EXAMINATION RECORD

THE INFORMATION CONTAINED IN THIS SECTION MUST BE COMPLETED BY A LICENSED PHYSICIAN ONLY

CHILD'S NAME _____

Age _____ Height _____ FT. _____ IN. _____ Weight _____ LBS

Blood Pressure _____ Pulse _____ Respiration _____

Eyes _____ RT20/ _____ LT20/ _____

Ears _____ Hearing RT _____ /15 Hearing LT _____ /15

Cardiovascular _____ Respiratory _____

Liver _____ Spleen _____ Hernia _____

Musculoskeletal _____ Skin _____ Neurological _____

Genitalia _____ Laboratory Urinalysis _____

I certify that on this date ___/___/___, I examined the above named child and on the basis of this examination, along with the medical History furnished to me, I found no reason which would make it medically inadvisable for the child to compete in supervised activities of the TIPP CITY WEE DEVILS.

Signature of Licensed Physician

TIPP CITY PEE WEE DEVILS REGISTRATION & PHYSICAL EXAMINATION RECORD

GENERAL INFORMATION			IDENTIFICATION		
Telephone Number	Boy	Girl	Name: Last	First	MI
Date of Birth	Age		Street Address		
Grade in September of this year _____			City	State	Zip

Any other pertinent information _____

PARENT/GUARDIAN MUST COMPLETE INFORMATION LISTED BELOW

CHILD'S MEDICAL HISTORY	YES	NO	IN CASE OF ACCIDENT/EMERGENCY	
• Any injuries requiring medical attention	<input type="checkbox"/>	<input type="checkbox"/>	Contact Name	Phone
• Any illness lasting more than one week	<input type="checkbox"/>	<input type="checkbox"/>	Contact Name	Cell Phone
• Presently under a physicians care	<input type="checkbox"/>	<input type="checkbox"/>	Contact Physician Name	Phone
• Regularly under a physicians care	<input type="checkbox"/>	<input type="checkbox"/>		
• Regularly taking a medicine prescribed by a physician	<input type="checkbox"/>	<input type="checkbox"/>	Preferred Transport Hospital	Phone
• Wear Glasses	<input type="checkbox"/>	<input type="checkbox"/>		
• Wear Contact Lenses	<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian Signature of Approval	Date

PARENT/GUARDIAN RESPONSIBLE FOR CHILDS PHYSICAL