

ARMY AND NAVY ACADEMY

Heath Center - Physical Exam with Sports Clearance

CADET/CAMPER Last Name

CADET/CAMPER First Name

D.O.B:

PHYSICIAN EXAMINATION:

Complete a thorough review of systems. Please indicate fields are **WITHIN NORMAL LIMITS (WNL)** OR **DESCRIBE ABNORMALITIES IN DETAIL.**

***** Any necessary treatment or referrals MUST be completed *PRIOR* to attendance.**

***** ALL PHYSICALS MUST BE ON THIS FORM, TRANSLATED INTO ENGLISH.**

***** Exam must be completed every 12 months by a LICENSED MEDICAL PRACTITIONER**

***** Recommended: Meningitis and flu vaccine is highly recommended due to the boarding school environment.**

Height	Weight	Blood Pressure	Pulse
Head	Eyes	Ears	Nose
Throat / Mouth	Neck	Thyroid	Neurological
Lungs	Heart	Abdomen	Genitalia / Hernia
Back	Shoulder / Arm	Extremities	Elbow / Forearm
Wrist / Hand	Hip / Thigh	Knee	Leg / Ankle
Foot	Skin	BMI	Nutritional Status
Anxiety	Depression	ADD/ADHD	Other Psych Problem

VISION: R 20/___ L 20/___ Corrected: Yes ___ No ___ Comments: _____

HEARING: Within Normal Range: Yes ___ No ___ Abnormalities? _____

MEDICATIONS: Does the student take any medications including routine, OTC'S, EPI-Pen and/or supplements?

Yes No *If Yes, complete Medication Authorization Form

Allergies: _____ Epi-Pen Yes No

***SPORTS PARTICIPATION: Is the student cleared for participation in sports (MANDATORY Check one):** Yes No *** If No, please describe in detail any condition which would prevent or limit *full* participation in all areas of athletics, marching, rifle drill, or academics. State diagnosis, prognosis, and specify duration (including dates) of any limitations or restrictions:

*****Treatment to be continued while at school:** _____

I have examined the above student on this date: ___/___/___

Practitioner's Signature: _____ **Printed Name:** _____ **Title:** _____

Address: _____

Phone: _____ **Fax:** _____

Office Stamp and/or Seal required: