



Charlotte Preparatory School

SPORTS MEDICAL EXAMINATION REPORT

A medical examination is required **ANNUALLY** for Middle School **student athletes** (5th, 6th, 7th, and 8th graders).

Student's Name _____

Grade _____ Sex _____ Date of Birth _____

*The following is to be completed and signed by the examining physician.
(Please use spaces provided for any additional comments.)*

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

DATE OF LAST TETANUS or TETANUS BOOSTER _____

EYES/VISION _____ (please circle): GLASSES OR CONTACTS

EARS/NOSE/THROAT _____

SKIN/SCALP _____

LYMPHATICS/THYROID _____

RESPIRATORY _____ CARDIOVASCULAR _____

LIVER _____ SPLEEN _____ HERNIA _____ GENITALIA _____ RENAL _____

MUSCULOSKELETAL _____

NEUROLOGICAL _____

LABORATORY: URINANALYSIS _____ HEMOGLOBIN/HEMATOCRIT _____ GM. _____ %

I certify that I have examined the above named student and that such examination revealed (please circle) **CONDITIONS** or **NO CONDITIONS** that would prevent this student from participating in the interscholastic sports listed below and/or physical education classes.

SPORTS: _____

REASONS FOR DISQUALIFICATION _____

PHYSICIAN'S SIGNATURE _____ DATE OF EXAMINATION _____

"Where tomorrow's leaders are nurtured today...Eruditio Pro Vita: Education for Life."