Diocese of Little Rock
Parochial League

Physical Examination

Date _____
Height _____
Weight _____
Pulse rate _____
Blood pressure _____/_____

Vision: **Right** ____/____ **Normal** **(check one)**
___ without corrective lens
___ with corrective lens
Left: ____/____ **Abnormal** ___ without corrective lens
___ with corrective lens

	Normal	Abnormal	Not Examined	Comments	Examiner
1. Eyes					
2. Ears, nose, throat					
3. Mouth and teeth					
4. Neck (soft tissue)					
5. Cardiovascular					
6. Chest and lungs					
7. Abdomen					
8. Genitalia - hernia					
9. Sexual maturity					
10. Skin and lymphatios					
11. Neck					
12. Spine					
13. Shoulders					
14. Arms and hands					
15. Hips					
16. Thighs					
17. Knees					
18. Ankles					
19. Feet					
20. Neurological					

Participation Recommendations:

___ No history or physical findings on this exam would prohibit the student from participating in the following requested sports:

_____

___ This student should have the following health problems evaluated or treated before participation recommendations can be made:

_____

___ This student has health problems that prohibit him or her from participating in the requested sports:

_____

___ however, this student can participate in the following requested sports:

_____

_____
Physician