

\_\_\_\_\_  
Players Name

## Medical Examination

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

B/P: \_\_\_\_\_ Drug Allergy: \_\_\_\_\_

Visual Accuity: Right Eye: \_\_\_\_\_ Left Eye: \_\_\_\_\_ Corrected? \_\_\_\_\_

Medical Examination		
Normal	Abnormal	COMMENTS
		General Appearance:
		Head:
		Eyes:
		Ears, Nose, Throat:
		Neck:
		Chest:
		Heart:
		Pulses:
		Abdomen:
		Hernia:
		Genital:
		Skin:
		Lymphatics:

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Examined: \_\_\_\_\_

Examining Physician: \_\_\_\_\_

Signature: \_\_\_\_\_