

**NORTHSIDE CHRISTIAN SCHOOL**  
7800 Northside Drive

# PHYSICAL EXAMINATION

School year 2017-18

Charleston, SC 29420  
(803) 797-2690 FAX (803)797-7402

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Last name First name Middle name or initial

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Grade Age Height Weight Blood pressure

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Significant illnesses or injuries

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Eyesight Right  $\frac{20}{\quad}$  Left  $\frac{20}{\quad}$

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Respiratory Cardiovascular

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Musculo-skeletal Genitalia

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Laboratory: urinalysis Other

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Comments

I certify that on this date I examined this pupil and find him/her physically able to compete in supervised activities not crossed out below:

Cheerleading Volleyball Soccer Basketball

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Date of examination Physician's signature

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Address Telephone

My son/daughter is currently covered under a medical/health insurance policy: yes no

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Signature of parent/guardian