



Northside Christian School
7800 Northside Drive
N. Charleston, SC 29420
(843) 797-2690 Fax (843) 797-7402

PHYSICAL EXAMINATION

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:

Eyesight:	Right 20/	Left 20/
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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:

Basketball	Cheerleading	Soccer	Volleyball
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Date of Exam	Physician's Signature
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Address	Telephone
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My son/daughter is currently covered under a medical/health insurance policy: Yes No

Signature of parent/guardian
