

☐ Medical Alert

**BROADFORDING CHRISTIAN ACADEMY  
PHYSICAL EXAMINATION SUMMARY**

**(FOR USE BY THE ATHLETIC DEPARTMENT, K5, & NEW ENROLLMENTS)**

PHONE: (301) 797-8886 EXT. 160

FAX: (301) 797-3155

\_\_\_\_\_  
Students Last Name, First, Middle      Sex: ☐ M    ☐ F      \_\_\_\_\_  
Grade      Birth Date

**ATHLETICS AND PHYSICAL EDUCATION  
(To be completed and signed by examining physician)**

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Eyes: R20/\_\_\_\_\_ L20/\_\_\_\_\_ with/without corrective contact lens/glasses.

Ears: L \_\_\_\_\_ R \_\_\_\_\_ Nose/Throat \_\_\_\_\_ Teeth/Dentures \_\_\_\_\_ Skin \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ BP \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Pulse Rest \_\_\_\_\_

Spine / Neck \_\_\_\_\_ Shoulders / Elbow / Hand \_\_\_\_\_

Hip / Knee \_\_\_\_\_ Ankle / Feet \_\_\_\_\_

Lymphatics \_\_\_\_\_

Laboratory      Urinalysis (dip stick) \_\_\_\_\_ Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Other lab test (only if specifically indicated or required)

Urinalysis sp. gr. \_\_\_\_\_ reat \_\_\_\_\_

Hemoglobin/hct \_\_\_\_\_

Tuberculin test: post \_\_\_\_\_ neg \_\_\_\_\_

Other: \_\_\_\_\_

I certify that I have on this date examined the above student and I have found no medical reason to disqualify him/her from participating in all supervised athletics and physical education activities with the exception of: \_\_\_\_\_

\_\_\_\_\_  
Name of Physician (type/print)      M.D./D.O.

\_\_\_\_\_  
Signature of Examining Physician      Date