



BELLFLOWER HIGH SCHOOL
ATHLETIC PHYSICAL EXAMINATION FORM



STUDENT ATHLETE INFO

Student Name:		Grade:	
Address:			
Phone Number:		Height:	
		Weight:	

PHYSICAL EXAMINATION

A check indicates normal:		Lungs	Heart	Teeth	Pulse	Hernia	Reflexes
Eyes	Ears	Nose	Throat	Blood Pressure		Musculo-Skeletal	

PHYSICIAN CERTIFICATION

I certify that I have on this date examined the above student and recommended him/her as being physically able to compete in all supervised activities.

EXCEPTIONS: _____

Date of Examination:	
Address:	
Phone Number:	

Physician Name (Print): _____

Physician Signature: _____

****When complete, please scan or take a picture of this form and submit on AthleticClearance.com****