

**TEMPLE CHRISTIAN SCHOOL**

165 Airport Road  
Rockingham, NC 28379  
910.997.3179

**MEDICAL EXAMINATION FORM**

School Year \_\_\_\_\_ thru \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

	NORMAL	ABNORMAL	DESCRIBE ABNORMALITIES
1. Eyes	_____	_____	_____
2. ENT	_____	_____	_____
3. Heart	_____	_____	_____
4. Lungs	_____	_____	_____
5. Abdomen	_____	_____	_____
6. Genitalia (Males only)	_____	_____	_____
7. Musculoskeletal	_____	_____	_____
8. Neurological	_____	_____	_____
9. Skin	_____	_____	_____

**ALLERGIES:** \_\_\_\_\_

I certify that I have examined the above named student and that such examination revealed **(conditions/no conditions)** that would prevent this student from participating in interscholastic sports.

Licensed to practice medicine in North Carolina? YES NO

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If the student is not qualified, list reasons for disqualification: \_\_\_\_\_

(The following are considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.)