

**RSU 25**  
**Physical Form**

To be completed by physician:

Physician's Name: (please print) \_\_\_\_\_

Student name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Skin: \_\_\_\_\_

Eyes: \_\_\_\_\_

Ears: \_\_\_\_\_

Mouth: \_\_\_\_\_

Throat: \_\_\_\_\_

Teeth: \_\_\_\_\_

Neck: \_\_\_\_\_

Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Hernia: \_\_\_\_\_

Back: \_\_\_\_\_

Orthopedic: \_\_\_\_\_

Are Immunizations up to date? \_\_\_\_\_ If any given please list: \_\_\_\_\_

I hereby certify that this student was examined by me and found physically fit to engage in athletic activities.

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

Comments:

\_\_\_\_\_  
\_\_\_\_\_

***\*ALL ATHLETES MUST HAVE ANUPDATED PHYSICAL EVERY TWO YEARS.***

***\*RECOMMENDED AT THE BEGINNING OF GRADES, 6, 8,10, & 12.***