

CHRISTIAN ACADEMY IN JAPAN
SPORTS PHYSICAL EXAMINATION

For use by students in grades **7, 8, 10, 11 and 12**. New students and students entering grades 6 and 9 must submit different documents (Health History and Physical Examination).

Student's name: _____ Grade: _____

Date of Birth : _____

Height: _____

Weight : _____

Blood Pressure: _____

SYSTEMS REVIEW

Please examine and check each area	Normal	Abnormal	Describe Abnormal Findings
Skin/Scalp			
Eyes			
Ears: otoscopic			
hearing			
Nose			
Throat			
Lymph Nodes			
Thyroid			
Heart			
Lungs			
Abdomen: hernia, masses, other			
Gentio-urinary			
Musculoskeletal: deformity			
limitation			
swelling/tenderness			
Scoliosis screening			
Neurological			
Other			
Urinalysis (if indicated)			
Hemoglobin/Hematocrit (if indicated)			
Additional comments and recommendations:			

Approval for Athletics/Competitive Sports

Based on the above assessment, this student:

is **cleared** for participation in competitive athletics and physical education activities.

is **not cleared** for participation in athletic activities due to _____

Physician's signature _____ Date (m/d/y) _____