

# Physical Examination

For girls participating in trips of four nights or more, a Physical Examination form completed by a physician is required.

Code: Satisfactory Not Satisfactory Not Examined

Girl's Full Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P. \_\_\_\_\_

Appearance/Nutrition: \_\_\_\_\_

Eyes: R 20/\_\_\_\_ L 20/\_\_\_\_ Glasses: \_\_\_\_\_ Contacts: \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_ Ears: \_\_\_\_\_

Nose: \_\_\_\_\_ Throat: \_\_\_\_\_ Teeth: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_

Genitalia: \_\_\_\_\_ Hernia: \_\_\_\_\_ Feces: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ Urinalysis:\* \_\_\_\_\_ HGB:\* \_\_\_\_\_

*\*Not required for every health exam. Girls grades K-5 should have this test if she has not already had one, either when entering school or at any time since. Girls grades 6-12 should have this test if she has not had one since entering puberty.*

Physician's Comments and Recommendations, if needed (give details about the management of illnesses and any prescribed and/or over-the-counter medications, with dosages, times and conditions to be taken):

Specific Activities to be Encouraged or Restricted:

Special Medical or Dietary Regimen to be Continued (specify):

This person is in satisfactory condition and may engage in all usual activities, except as noted above.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Ste #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Physician's Printed Name: \_\_\_\_\_