

HARGRAVE MILITARY ACADEMY

STUDENT PHYSICAL EXAMINATION FORM



Cadet's full name _____

Date of Birth _____

Address _____

Social Security # _____

ALLERGIES _____

Name of Parent / Guardian _____

A. HEALTH EXAMINATION

Height _____ Weight _____ BP _____

N=Normal A=Abnormal	N	A
1. General Appearance		
2. Skin		
3. Head / Scalp		
4. Eyes		
5. Visual acuity (R&L)		
6. Ears		
7. Auditory acuity		
8. Nose / Throat		
9. Mouth, teeth, gums		
10. Chest / Lungs		
11. Heart		
12. Abdomen		
13. Genitalia		
14. Musculoskeletal		
15. Neurological		
16. Alertness		
17. Emotional / mental / Behavior problems		
18. Abuse, substance / physical / emotional		
19. Nutrition		

COMMENT: abnormal findings, by number

B. HEALTH HISTORY

(serious illness, injuries, medical conditions requiring daily medications)

C. SPORTS PARTICIPATION:

Is the Cadet cleared for participation in sports (Check one):

Yes

No

Please describe in detail any condition which would prevent or limit full participation in all areas of athletics, marching, rifle drill, or academics.

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State diagnosis, prognosis and specify duration (including dates) of any limitations or restrictions:

Are there any further treatments required for this condition? if so, the treatments must be approved and coordinated with the medical team at Hargrave's Infirmary before proceeding:

Physician's Name (Print):

Physician's Address:

Physician's Signature:

Date:
