Hargrave Military Academy

Student Physical Examination Form

Cadet's full name _____ Date of Birth _____

Address _____

Grade _____ ALLERGIES _____

Name/Phone number of Parent / Guardian _____

HEALTH EXAMINATION Ht_____Wt_____BP_____P_____R_____T_____

	N=Normal A=Abnormal	N	A	COMMENT: abnormal findings, by number
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			

HEALTH HISTORY (serious illness, surgery,injuries, medical conditions requiring daily medications)

_____

_____

_____

_____

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_____

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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:

_____

_____

_____

_____

_____

Current medications:

_____ _____

_____ _____

_____ _____

_____ _____

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.

_____

_____

_____

Physician's Name (Print):_____ Signature:_____

Physician's Address: _____

Date: _____