



Trinity Lutheran School

Missouri Synod

N6081 West River Road
HILBERT, WI 54129

(920) 853-3134

PHYSICAL EXAMINATION SUMMARY FOR _____
STUDENT'S NAME

- 1) EYES: Right-___/20 Left-___/20
- 2) HEART: ___satisfactory ___unsatisfactory
- 3) LUNGS: ___satisfactory ___unsatisfactory
- 4) EVIDENCE OF HERNIA? ___yes ___no
- 5) GENERAL CONDITION OF:
- feet: ___satisfactory ___unsatisfactory
- ears: ___satisfactory ___unsatisfactory
- nose: ___satisfactory ___unsatisfactory
- tonsils: ___satisfactory ___unsatisfactory
- adenoids: ___satisfactory ___unsatisfactory
- glands: ___satisfactory ___unsatisfactory
- skin: ___satisfactory ___unsatisfactory
- posture: ___satisfactory ___unsatisfactory
- orthopedic: ___satisfactory ___unsatisfactory
- neurological: ___satisfactory ___unsatisfactory
- lymph nodes: ___satisfactory ___unsatisfactory
- abdomen: ___satisfactory ___unsatisfactory
- OTHER: _____
- ___satisfactory ___unsatisfactory

I certify that I have examined the student named above and find him/her able to participate in school sports.

Signature: _____ Date: _____