



**HAYWORTH CHRISTIAN SCHOOL  
MEDICAL EXAMINATION**  
(to be completed by the **physician**)

**DATE:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Normal**

- \_\_\_\_\_ Eyes
- \_\_\_\_\_ ENT
- \_\_\_\_\_ Heart
- \_\_\_\_\_ Lungs
- \_\_\_\_\_ Abdomen
- \_\_\_\_\_ Musculoskeletal
- \_\_\_\_\_ Neurological
- \_\_\_\_\_ Skin

**Abnormal: Describe Abnormalities**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have examined this student and find him/her medically qualified/not qualified to compete in the interscholastic sports listed.  
Cross country, volleyball, basketball, sand volleyball

\_\_\_\_\_  
**Signature of Physician**

Licensed to practice medicine in North Carolina? \_\_\_ Yes \_\_\_ No

**Name of Practice:** \_\_\_\_\_

If the student is not qualified, list reasons for disqualification: \_\_\_\_\_

\_\_\_\_\_