

WOODCREST CHRISTIAN SCHOOL

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Athletic Participation - Medical Examination

Personal Information:

Name: _____

Birthdate: _____

Grade: _____

Height: _____

Weight: _____

Examination Information:

Pulse: _____

Blood Pressure: Systolic: _____ Diastolic: _____

Ears: _____

Skin Condition: _____

Respiratory: _____

Hernia: Yes No

Recommendation:

Full athletic participation

No athletic participation

Athletic participation with the following restrictions:

Physician's Signature: _____

Date: _____