

ALL FORMS MUST BE HANDLED PRIOR TO BAND CAMP

Cordova High School Band
Medical Evaluation Form

Participants Name: _____

General Physical Examination

Height _____ Weight _____ BP _____ Pulse _____

Vision: R: 20 _____ L: 20 _____ Corrected? _____ yes _____ no Pupils _____

	Normal	Abnormal Findings
Ears, nose, throat		
Heart		
Chest/lungs		
Skin/Lymphatic		
Abdominals		
Genitalia/Hernia		

Musculoskeletal Examination

	Normal	Abnormal Findings
Neck/Back		
Upper Extremities		
Lower Extremities		
Flexibility		

Official Recommendation

A. The Band Student _____ may _____ may not participate in marching based on data gathered from this exam.

B. Prior to participation, treatments or follow up on the following is recommended:

C. Recommend further consultation with _____

Signature of Physician _____ Date: _____