



OCEAN VIEW CHRISTIAN ACADEMY

Physical Examination Form

www.ovcapatriots.com

Note: This form must be completed for all 9th-12th grade students planning to participate in school athletics. Students will not be permitted to practice or play in any OVCA sporting events until this form is completed and returned to the office.

To be completed by student or parent

Student's Name	Last	First	Middle	Age
Home Address	Street	City	State	Zip Code
Parent's Name	Last	First	Phone	
Parent's Name	Last	First	Phone	

To be completed by physician only

PHYSICAL EXAMINATION: Leave items blank if normal and sign statement below.

Weight Height General Appearance

Dental Inspection: Cavities? Dentures?

Vision: R/20 L/20 With corrective lenses

Are corrective lenses necessary for athletics?

General Health:

Ear, nose, throat, respiratory

Cardio-vascular system

Glandular observations

Gastro-intestinal system

Genitourinary system

Neuromuscular system

Orthopedic observations

Major health problems and recommendations

In my opinion, this student ☐ IS ☐ IS NOT fit to participate in athletics.

If applicable, this student (high school, age 14) ☐ IS ☐ IS NOT able to compete in football at the varsity level.

Comments or restrictions

Signature of Physician Date