



Medical Report

Name of applicant: _____ Date: _____

DOCTOR: Please give a general (not detailed) examination for the following:

1.	Heart	
2.	Eyes / Ears / Nose	
3.	Throat	
4.	Reflexes	
5.	Mentality	
6.	Nervous System	
7.	Mental Health	
8.	Emotional Problems	
9.	Respiratory System	
10.	Teeth: Good / Fair / Poor	
11.	Dietary Problems	
12.	Allergies	
13.	Epilepsy	
14.	Is applicant capable of strenuous physical work?	
15.	Is applicant physically able to engage in normal school life?	
16.	Is applicant capable of participation in sports?	
19.	Additional Comments	

Signature of M. D. _____ Phone: _____

Address: _____

City _____ State: _____ Zip _____