PHYSICAL EXAMINATION (Must be completed by a Physician, PAC, or CRN)

(A current school or sports physical may substitute, if done during the current school year. A photocopy must be included in YMRB.)

Height	Weight	BP		Vision Screen	_	
Hearing			_ Lungs _			
Heart Rate Rl		Rhythm		Hernia		
Neurologica	al Examination					
Are there a	ny restrictions or	r accommodat	ions need	ed for the following activitie	es?	
Activities		Yes	No	Remarks ("Yes" require		
				remarks)		
Competitive Sports						
Physical Tra	aining					
Swimming						
Classroom						
Other						
I, certify tha	nt	, is/ is	not physic	cally and medically fit to		
participate i	n the Young Mari	nes.				
Please provi	ide additional rem	arks or instruct	ions, if pa	rticipation in the Young Mari	nes is	
conditional	due to any medica	l conditions no	t provided	in the remarks above.		
Examiner's Signature			Date of Exam			
Print Examiner's Name			Title			
Office Addr	ess					
City						
Office Telep	phone Number ()	 			