

Crockett Academy Medical Evaluation

County: _____ Date of Examination: _____

Probationer's Name: _____ D.O.B: _____
SS#: _____

Height: _____ Weight: _____ Body Type (Maturation Status): _____

Eyes, Ears, Nose, Throat: _____ Hearing: _____

Hernia: _____ Heart: _____

Blood Pressure: _____ Lungs: _____

Joint Function:

Shoulders: _____ Elbows: _____ Hips: _____

Knees: _____ Wrists: _____ Ankles: _____

Feet: _____ Hands: _____

Dental (circle Defects): Cavities, Bridges, False, Teeth, Other:

Skin: Fungus: _____ Staph: _____ Neuro-muscular: _____

Muscular: _____

Are Paired Organs Intact? Kidneys: _____ Testes: _____

Circle Positive Points and Explain:

Previous History of Allergy - Head Injury - Hypertension - Unconsciousness - Tetanus
Immunizations - Bone or Joint Disease and or Injury - Renal Disease and or Injury - Diabetes - Emotional
Disturbance - Epilepsy - Significant Heart Defect - Absence of one Kidney - Undescended Testicle - Visual Acuity

Explanation:

Is Probationer Taking Medication Routinely? If so

Explain: _____

I CERTIFY THAT ON THIS DATE I EXAMINED THE ABOVE NAMED PROBATIONER AS INDICATED BY THE ITEMS CHECKED AND RECOMMEND HIM/HER AS BEING PHYSICALLY ABLE TO PARTICIPATE IN MILITARY STYLE TRAINING AND EXERCISE.

SIGNATURE

PHYSICIAN'S NAME

DATE