

# Rainy River Community College

1501 HWY 71

International Falls, MN 56649

(218) 285-7722

## Rainy River Community College Physical Examination

Name of Student \_\_\_\_\_

Date of Exam \_\_\_\_\_

Sport(s) \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Height \_\_\_\_\_

Heart \_\_\_\_\_

Weight \_\_\_\_\_

Thyroid \_\_\_\_\_

Birth Date \_\_\_\_\_

Lungs \_\_\_\_\_

Age \_\_\_\_\_

Abdominal Organs \_\_\_\_\_

Cardiac Stress \_\_\_\_\_

Hernia \_\_\_\_\_

*Other Remarks:*

Orthopedic Defects \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Physician)