

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.)

YM Name (Last) _____ (First) _____ (MI) _____

Height _____ Weight _____ BP _____ Vision Screen _____

Hearing _____ Lungs _____

Heart Rate _____ Rhythm _____ Hernia _____

Neurological Examination _____

Are there any restrictions or accommodations needed for the following activities?

Activities	Yes	No	Remarks (“Yes” require remarks)
Competitive Sports			
Physical Training			
Swimming			
Classroom			
Other			

I, certify that _____, **is/ is not** (circle one) physically and medically fit to participate in the Young Marines.

Please provide additional remarks or instructions, if participation in the Young Marines is conditional due to any medical conditions not provided in the remarks above.

Examiner’s Signature _____ Date of Exam _____

Print Examiner’s Name _____ Title _____

Office Address _____

City _____ State _____ Zip Code _____

Office Telephone Number (____) _____

