

Thunderbird Youth Academy

Physical Exam

Patient Name: _____	Date _____
DOB: ____/____/____	Vision Right 20 / _____ Left 20 / _____
(NOTE: DO NOT COMPLETE THIS FORM UNTIL YOU HAVE BEEN INTERVIEWED AND ACCEPTED INTO THE ACADEMY)	

BP ____ / ____ P ____ Ht ____ Wt ____ Hair Color ____ Eye Color ____

Allergies _____	Conditions _____	Eyeglasses _____
_____	_____	Contacts _____
_____	_____	Dental _____
_____	_____	Other _____

Current Medications _____

HCG: Neg ____
 Pos ____

Normal		Abnormal	Comments
	Skin / Tattoos		
	Mouth - Throat - Teeth		
	Nose -Sinuses		
	Ears		
	Eyes		
	Lungs		
	Heart		
	Abdomen		
	Extremities		

_____ **is qualified for OKNG Challenge Program** - will be required to do running, jumping, push-ups & climb stairs.

_____ **is not qualified for OKNG Challenge Program**

Printed name of Physician: _____

Signature of Physician: _____