



KIS Physical Exam Form



*A physical is required for each athlete per school year.
This form must be filled out and signed by a physician.*
(의사가 작성한 내용만 유효합니다.)

Student Name (영문/국문)_____ Grade (학년)_____

Student Number(학번)_____ Date of Birth (D/M/Y) (생년월일, 일/월/년)___/___/___

Height (키)_____ Weight (몸무게)_____ Pulse (맥박)_____ BP (혈압)___/___

Physical Examination(신체검사)

Eyes/Ears (시력/청력)_____

Neck (목)_____

Nose/Throat (코/목)_____

Back (등)_____

Lymph Nodes (림프절)_____

Shoulder/Arms (어깨/팔)_____

Heart (심장)_____

Elbow/Forearm (팔꿈치/팔뚝)_____

Lungs (폐)_____

Hip/Thigh (엉덩이/허벅지)_____

Abdomen (복부)_____

Wrist/Hand (손목/손)_____

Knee (무릎)_____

Leg/Ankle/Feet (다리/발목/발)_____

Explain abnormal findings (기타특이사항)

Can this student participate in vigorous activities such as athletics, hiking, rafting, etc. (circle one)

위학생이육상경기, 등산, 래프팅등격렬한운동에참여할수있는지아래동그라미로표시해주세요.

YES (예)

NO (아니요)

YES- with limitations (예-제한적으로)

Limitations(제한사항).(Please attach limitations on separate Sheet)(제한사항을별지에첨부하여주십시오)

Physicians Name (의사 성명)_____ Physicians Signature (의사 서명)_____

Phone Number (의사 연락처)_____ Clinic/Hospital Name (병원 이름)_____

Today's Date (서명 날짜)_____