



NJCAA Physical Examination Form

Student's name: _____

THE STUDENT ABOVE HAS BEEN EXAMINED. THE RESULTS ARE SHOWN BELOW.	
AGE	
HEIGHT	
WEIGHT	
HEART RATE	
RESPIRATORY RATE	
BLOOD PRESSURE	
HERNIA	
ORTHOPEDIC DEFECTS A. FEET B. SPINE	
URINE A. ALBUMEN B. SUGAR	
TODAY'S DATE:	

I have found no reason that would make it medically inadvisable for this student to compete in any intercollegiate athletic activities. Except those below, please circle the sport(s) in which the student is NOT allowed to participate in.

Baseball Basketball Football Softball Trap Shoot Volleyball

Remarks: _____

Physician Sign: _____

Minnesota North - Vermilion	1900 E Camp St	Ely, MN, 55731	800-657-3608	admissions@minnesotanorth.edu
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