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.) Height _____ Weight ____ BP ____ Vision Screen ____ Hearing _____ Lungs ____ Heart Rate _____ Rhythm ____ Hernia _____ Neurological Examination Are there any restrictions or accommodations needed for the following activities? Remarks ("Yes" require **Activities** Yes No remarks) Competitive Sports **Physical Training** Swimming Classroom Other I, certify that ______, is/ is not 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 _____

Office Telephone Number ()

City _____ State ____ Zip Code _____