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	Height Weight			_ Vision Screen		
		Lungs				
Heart Rate		Rhythm		Hernia		
Neurologica	al Examination					
Are there a	nny restrictions or	· accommodat	ions need	ed for the following act	ivities?	
Activities		Yes	No	Remarks ("Yes" r	equire	
				remarks)		
Competitive Sports						
Physical Tra	aining					
Swimming						
Classroom						
Other						
I, certify tha	nt	, is/ is	not physi	cally and medically fit to)	
participate i	n the Young Mari	nes.				
-			_	rticipation in the Young l in the remarks above.	Marines is	
Examiner's Signature						
Print Exami	iner's Name			Γitle		
Office Addr	ress					
City		State	State Zip Code			
Office Telej	phone Number ()				