COLLEGE PLACE SCHOOL DISTRICT STUDENT ATHLETE PHYSICAL EXAMINATION

MAM		GRADE 6 7 8 9 10 11 12
	1 401	Optional
	Pulse:	Urinalysis:
Height	:Blood Pressure: Weight:	
Visual	Acuity:	Body Fat%
	Acuity:	
	20/	HCT:
		ESTV02 Max:
		Audiometry:
Nom	nal	Abnormal
1.	Head	ronoma
2.	Eyes (pupils), ENT	
3.	Teeth	
4.	Chest	
5.	Lungs	
6	Heart	
7.	Abdomen	
8	Genitalia	
9.	Neurologic	
10.	Skin	
11.	Physical Maturity	
12. Spine, Back		
13.	Shoulders, Upper extremities	
14.	Lower extremities	
A	amonto O Full Porticle 4the	
Asses	sment: O Full Participation	situations resolutations).
	O Limited Participation (describe lim	intations, restrictions).
	O Contraindicated Participation (list	reasons):
Recom	mendations (equipment, rehabilitation, taping, etc.):	
ΛTF·		
	EXAM	IINER'S SIGNATURE:
aminer	's Phone:	
	PRINT	FEXAMINER'S NAME:

PARENT / GUARDIAN MUST COMPLETE THIS FORM

College Place School District STUDENT ATHLETE HEALTH HISTORY

			Sex M F
Last	First	MI	•
	604001 :		GRADE:
Number:	SCHOOL:	Telephone	
ddress			
uo dien	Far	nily Physician	
arent/Guardian			
o The Parent:	story prior to the physical examir	nation. Your signature	is required.
lease complete the rication		· Ij	you answered YES, please explain:
W. Ala			
Yes/No Y N Any chronic or rec	arrent illnesses?		
T N A illness lesting	more than a week?		
ar A b a mitalization	?		
X N Any surgery other	han tonsillectomy?		
W N Any injuries requir	ing treatment by a physician.		
	lance ANIV medicanous!	10	
TT ever had	any problem with your blood pros	sure or your heart?	
A NI Amy digginess faint	ing convulsions, of frequent heads	ches?	
8. Y N Any wazaness, min	sed out' or been "knocked out'?		
NI Wass aveninges of	contact lenses?		
TO NI West any dental an	pliance such as braces, bridge, or r	plate?	
11. Y N Wear any definite	edication (aspirin, penicillin, etc.)	?	
12. Y N Any knee injury?			
13. Y N Any knee surgery	,		
15. Y N Any ankle injury?			
A Links of no	k injury?		
16. Y N Any history of her	rains or dislocations (shoulder, wr	ist, finger, etc.)?	
to the least home	.9		
18. Y N Any bloken bollo	g other than tonsils (appendix, eye,	kidney, testicles)?	
	on or heat stroke?		* *
20. Y N Any heat exhaust	this applicant should not participa	te in sports?	
ar A another of the	hlems'/		
22. Y N Any menstrual pr	op while running twice around a 1.	mile track?	509
23. Y N DO YOU HAVE WS	op while running twice around a relatives of yours had a "heart attack	" or "heart problem" un	der age ou!
24. Y N mave any close it		irod every 10 years)	*
Date of most recent Tetanus	Booster (Tetanus Booster requ	lied every to years).	
If due please obtain with at	nletic physical.		
Comments:		•	
	·	ed child to participate in	the sport(s) approved by the Examir er responsible official to obtain emerg
PARENTAL PERMISSION: 1	give permission for the above-train	thorize the coach or oth	er responsible official to obtain emerg not immediately available.
	ollege Place School District, and au Sould such become necessary durin		
	durir	o participation and I am	HOL HINDONOMY C. CHICAGO

DATE: _____ SIGNATURE: PARENT/GUARDIAN_