

DOCTOR NECESITA  
COMPLETAR ESTA FORMA

COLLEGE PLACE SCHOOL DISTRICT  
STUDENT ATHLETE PHYSICAL EXAMINATION

NAME \_\_\_\_\_ GRADE 6 7 8 9 10 11 12  
Last First Optional

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_  
Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_

Visual Acuity:

Left 20/ \_\_\_\_\_

Right 20/ \_\_\_\_\_

Urinalysis:

Body Fat%

HCT:

ESTV02 Max:

Audiometry:

Normal

1. Head
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

Abnormal

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Assessment: ☐ Full Participation  
☐ Limited Participation (describe limitations, restrictions):

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☐ Contraindicated Participation (list reasons):

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Recommendations (equipment, rehabilitation, taping, etc.):

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DATE: \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_

Examiner's Phone: \_\_\_\_\_

PRINT EXAMINER'S NAME: \_\_\_\_\_

College Place School District  
STUDENT ATHLETE HEALTH HISTORY

To The Parent:  
Please complete the Health History prior to the physical examination. Your signature is required.

Yes/No

- Date of most recent Tetanus Booster (Tetanus Booster required every 10 years).  
If due please obtain with athletic physical.

PARENTAL PERMISSION: I give permission for the above-named child to participate in the sport(s) approved by the Examiner under the auspices of the College Place School District, and authorize the coach or other responsible official to obtain emergency medical care for my child should such become necessary during participation and I am not immediately available.

DATE: \_\_\_\_\_ SIGNATURE: PARENT/GUARDIAN \_\_\_\_\_