PARTICIPATION IN EXTRACURRICULAR ACTIVITIES
PHYSICAL EXAM FORM

School: _____

_____ Grade: _____ ID# _____
Student's Last Name First Middle Initial

Address: _____ Birth Date: _____

Family Doctor: _____ Doctor's Phone: _____

Student's Last Name First Middle

The above named student has my permission to participate in extracurricular activities and to travel with a representative of the school on any trips. In case of injury, the school representative is authorized to have him/her treated or hospitalized by any one of the doctors cooperating with the school program. And I will not hold Grossmont Union High School District or it representatives responsible for payment as the result of any accident or injury.

Medical History (to be completed by parent/guardian/caretaker)

R or L Handed: _____ Allergies to Medicines: _____

Has athlete had the following:			Explain all "Yes" answers
1.	Injuries to head, neck bones or joints	Yes ___ No ___	_____
2.	Any other injuries requiring medical attention	Yes ___ No ___	_____
3.	Seizures, blackouts or any episode of unconsciousness	Yes ___ No ___	_____
4.	Heart trouble, heart murmur, high blood pressure	Yes ___ No ___	_____
5.	Any serious infectious disease	Yes ___ No ___	_____
6.	Hospitalizations or operations in the past	Yes ___ No ___	_____
7.	Stomach, intestinal or urinary tract problems	Yes ___ No ___	_____
8.	Is the athlete taking any medicine on a regular basis?	Yes ___ No ___	_____
9.	Is the athlete currently under the care of a doctor?	Yes ___ No ___	_____
10.	Complex dental problems	Yes ___ No ___	_____

Parent/Guardian/Caregiver Signature: _____ Date: _____

Emergency contact if parents cannot be reached: _____ Phone: _____

PHYSICAL EXAMINATION – To be completed by Physician

Date:_____ Head:_____ Chest:_____(including breasts)

Height:_____ Neck:_____ Back & Extremities:_____

Pulse:_____ Heart:_____ Abdomen:_____

Blood Pressure:_____ Lungs:_____ Genitalia:_____(including Hernia)

Skin:_____ Neurological:_____

General Appearance:_____

From the above information and the screening physical exam, in my opinion this student Is_____, is not_____ physically able to participate in competition.

California Licensed Facility Stamp Here

Is further consultation necessary? Yes_____ No_____ Specialty_____

Signed:_____ **MD/DO** Date:_____ Phone:_____

Must be signed and stamped by a California licensed MD/DO

Finance or Coaches Use Only: ASB Card:_____ Physical:_____ Clearance: F W S

Signed Parent Permission Form on File

Purchased Insurance:_____ Has Personal Insurance:_____

Football Only:_____CIF_____ Policy Carrier:_____

Dental_____24 Hour_____ Policy Number:_____

Physical Expires_____

GUHSD# 10-13819