

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES PHYSICAL EXAM FORM

School: _____

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

Address: _____ Birth Date: _____

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 its 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 under the care of a doctor now	Yes _____	No _____
10. Complex Dental problems	Yes _____	No _____

Parent/Guardian/ Caregiver Signature: _____ Date: _____

Emergency Contact of parents cannot be reached: _____ Phone: _____

PHYSICAL EXAMINATION- To be completed by Physician

Date: _____	Head: _____
Height: _____	Neck: _____
Weight: _____	Heart: _____
Pulse: _____	Lungs: _____
Blood Pressure: _____	Chest _____
Skin: _____	(Including breasts)
Neurological: _____	Back & Extremities: _____
General Appearance: _____	Abdomen: _____
	Genitalia: _____
	(Including hernias)

From the above information and the screening physical exam, in my opinion this student is _____, is not _____ physically able to participate in competition.

Is further consultation necessary? Yes _____ No _____ Specialty _____

Signed: _____, MD Date: _____ Phone: _____