GALT JOINT UNION HIGH SCHOOL DISTRICT SPORTS PHYSICAL EXAMINATION FORM

Last I			1 /		FIEDBY	PARE	иго	R LEGAL GU	JARDIAN)				
	Name			First Name					•	Grade			
Birtho	late		Fall Sport	Winter Spor	t			Spring S	Sport		Student ID Number		
2. made													
PART 1 HEALTH HISTORY (MUST BE COM					יחו כדכה		DEN	T (CLIADDIA)	VI DDIOD TO		ON!\		
	Voc	No	PART THEALTH HIS	TORY (MUST BE COM	IPLETED	BYPA	KEN	I /GUARDIAI	N PRIOR TO	J EXAMINA II	ON)		
1.			Chronic or recurrent illnes	ee?	16			Injuries rea	iirina media	al care or trea	tmant?		
2.					17			Neck or bac	-		unent:		
			Illness lasting over 1 wee Hospitalizations or Surge							ury ?			
3.			, ,		18			Knee pain o		:-:-:			
4.			Nervous, psychiatric, or r		19			Shoulder or elbow pain or injury?					
5.	3 - 3			20			Ankle pain or injury?						
	liver, testicle) or glands?		21			Other joint pain or injury?							
6.			9 (, , , , , , , , , , , , , , , , , ,		22			Broken bones (fractures)?					
7.			•				<u>No</u>	Does this student presently:					
8.				23			, ,		ntact lenses?				
	breath during or after exercise?			24			Wear dental bridges, braces, or plates?						
9.			Dizziness or fainting with	exercise?	25			Take any m	edications?	(List below)			
10.			Fainting, bad headaches	or convulsions?		Yes	No.	Further hist	ory:				
11.			Potential concussion or J	oss of consciousness?	26			Birth defects	s (corrected	or not)?			
12.			Heat exhaustion, heatstro	oke, or other problem's	27			Death of a p	parent or gra	andparent less	than 40		
	managing or responding to heat?							years of age	e due to me	dical cause or	condition?		
13			Racing heartbeat, skippe	d or irregular heartbeat	s, 28			Parent or gi	randparent i	equiring treatr	ment for		
			or heart murmur?	•				heart condit	tion less tha	n 50 years of a	age?		
14.			Seizures or seizure disor	ders?	29					an on an eme	-		
15.			Severe or repeated instar	nces of muscle cramps	?			urgent basis			,		
Date of last known tetanus (lockjaw) shot:						Date of last complete physical exam:							
Explain all "Yes" answers. Describe any other fact that should be disclosed prior to the examination (use the reverse side of the form if needed).									<u> </u>				
PARENT/GUARDIAN'S AUTHORIZATION: I authorize the health care provider to perform a Sports Physical Evaluation on the student. The information set forth above is													
complete and accurate. I presently know of no reason why the student cannot fully and safely participate in the listed sports. For Sports Physical Evaluations that may be													
		•		performed by District volunteers, I understand this evaluation is a screening evaluation only, and that I must address all health care concerns with the Student's personal									
			h care provider.	iis evaluation is a screeniin	govaldanc	n only, a	and th	at I must addre	ss all health o	are concerns w			
PRINT	NAME C	PRINT NAME OF PARENT OR GUARDIAN SIGNATURE OF PARENT OR GUARDIAN											
ADDB	12222								ss all health o	care concerns w			
ADDRESS					SIGNATUR	OF PARE				are concerns w	ith the Student's personal		
	SS	JF PARE	•	iis evaluation is a screenii		OF PARE			SS all health o	are concerns w			
REGII			ENT OR GUARDIAN	iis evaluation is a screenii	SIGNATURI WORK PHO	OF PARE				are concerns w	ith the Student's personal		
REGU			•	iis evaluation is a screenii	SIGNATUR	OF PARE				are concerns w	ith the Student's personal		
REGU			ENT OR GUARDIAN		SIGNATURI WORK PHO	OF PARE	NT OR	GUARDIAN	HOME PHONE		ith the Student's personal		
REGU			S NAME	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH	NE ONE UT BY 1	ENT OR	GUARDIAN	HOME PHONE	ROVIDER)	ith the Student's personal		
REGU			S NAME PART 2 MEDIC This examination Can Only Be	CAL EVALUATION (TO BE	SIGNATURI WORK PHO OFFICE PH	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione	ith the Student's personal		
		YSICIAN	S NAME PART 2 MEDIC This examination Can Only Bo	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione	DATE T (NP)		
Eyes/	AR PHY	/SICIAN	S NAME PART 2 MEDIC This examination Can Only Bo	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione May be containe	DATE r (NP) ed on Provider's Form		
Eyes/ Heart	Ears/No	/SICIAN	S NAME PART 2 MEDIC This examination Can Only Be	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione May be containe Height Pulse	DATE r (NP) ed on Provider's Form Weight		
Eyes/ Heart Abdoi	Ears/No	rSICIAN ose/Thr pulmo	PART 2 MEDIC This examination Can Only Broat nary function emia (males)	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione: May be containe: Height Pulse BP	DATE r (NP) ed on Provider's Form Weight After Exc.		
Eyes/ Heart Abdor	Ears/No lungs, men, ge	ose/The pulmo enital/hesculosk	PART 2 MEDIC This examination Can Only Broat nary function emia (males)	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione May be containe Height Pulse BP Rec	DATE r (NP) ed on Provider's Form Weight After Exc. commendation		
Eyes/ Heart Abdor Skin a	Ears/No lungs, men, ge and Mus	ose/Thi pulmo enital/he sculosk ine/Sho	PART 2 MEDIC This examination Can Only Be roat nary function ernia (males) eletal:	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione: May be containe: Height Pulse BP Re:	T (NP) ed on Provider's Form Weight After Exc. commendation articipation		
Eyes/ Heart Abdor Skin a a. N b. A	Ears/No. lungs, men, ge and Mus eck/Spirms/Ha	ose/The pulmo enital/hesculoskine/Shounds/Fin	PART 2 MEDIC This examination Can Only Be roat nary function emia (males) teletal: bulders/Back ngers	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitione May be containe Height Pulse BP Rei Unlimited p	T (NP) ed on Provider's Form Weight After Exc. commendation earticipation ticipation/specific		
Eyes/ Heart Abdoo Skin a a. N b. A	Ears/No lungs, men, ge and Mus eck/Spi rms/Ha ips/Thig	ose/Thi pulmo enital/h sculosk ine/Sho unds/Fii ghs/Kn	PART 2 MEDIC This examination Can Only Be roat nary function ernia (males) eletal:	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitioner May be container Height Pulse BP Qualimited p Limited par sports, eve	DATE r (NP) ed on Provider's Form Weight After Exc. commendation participation ticipation/specific ents or activities		
Eyes/ Heart Abdor Skin a a. N b. A c. H d. Fe	Ears/No. lungs, men, ge and Museck/Spirms/Haips/Thiget/Ankl	ose/Thi pulmo enital/h sculosk ine/Shu inds/Fit	PART 2 MEDIC This examination Can Only Br roat nary function ernia (males) eletal: bulders/Back ngers ees/Legs	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitioner May be container Height Pulse BP Unlimited p □ Limited par sports, eve	r (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending		
Eyes/ Heart Abdor Skin a a. N b. A c. H d. Fe	Ears/No. lungs, men, ge and Mus eck/Sp rms/Ha ips/Thig eet/Ankl	ose/Thi pulmo enital/h sculosk ine/Sha inds/Fii ghs/Kn les creenir	PART 2 MEDIC This examination Can Only Br roat nary function emia (males) eletal: bulders/Back ngers ees/Legs ag Exam (NSE)	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitioner May be contained Height Pulse BP Rei Unlimited par sports, evee Further tes	T (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation		
Eyes/ Heart Abdor Skin a a. N b. A c. H d. Fe Neurc	Ears/No. Iungs, men, ge and Mus eck/Spi rms/Ha ips/Thig eet/Ankl llogic S	ose/Thi pulmo enital/hisculosk ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd	PART 2 MEDIC This examination Can Only Br roat nary function ernia (males) eletal: bulders/Back ngers ees/Legs	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitionel May be contained Height Pulse BP Unlimited par sports, evee Clearance of Further tess	r (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation participation		
Eyes/ Heart Abdoi Skin a a. N b. A c. H d. Fe Neurc Conci (only	Ears/No. Iungs, men, ge and Mus eck/Spi rms/Ha ips/Thig eet/Ankl llogic S	ose/Thi pulmo enital/hisculosk ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd	PART 2 MEDIC This examination Can Only Broat mary function emia (males) eletal: bulders/Back ngers ees/Legs ing Exam (NSE) ing Evaluation	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitionel May be contained Height Pulse BP Unlimited par sports, evee Clearance of Further tess	T (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation		
Eyes/ Heart Abdoi Skin a a. N b. A c. H d. Fe Neurc Conci (only	Ears/No. lungs, men, ge eck/Sp rrms/Ha ips/Thiq ips/Thiq ips/Sp sssion \$	ose/Thi pulmo enital/hisculosk ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd	PART 2 MEDIC This examination Can Only Broat mary function emia (males) eletal: bulders/Back ngers ees/Legs ing Exam (NSE) ing Evaluation	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitionel May be contained Height Pulse BP Unlimited par sports, evee Clearance of Further tess	r (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation participation		
Eyes/ Heart Abdoi Skin a a. N b. A c. H d. Fe Neurc Conci (only	Ears/No. lungs, men, ge eck/Sp rrms/Ha ips/Thiq ips/Thiq ips/Sp sssion \$	ose/Thi pulmo enital/hisculosk ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd ine/Shd	PART 2 MEDIC This examination Can Only Broat mary function emia (males) eletal: bulders/Back ngers ees/Legs ing Exam (NSE) ing Evaluation	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	NE ONE UT BY 7 tor of Ost	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitionel May be contained Height Pulse BP Unlimited par sports, evee Clearance of Further tess	r (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation participation		
Eyes/ Heart Abdor Skin a a. N b. A c. H d. Fe Neurc Conce (only	Ears/No lungs, men, ge eck/Spi rms/Ha ips/Thig set/Ankl lologic S ssion S	ose/Thi pulmo enital/hi sculosk ine/Sh/Kn les creenir	PART 2 MEDIC This examination Can Only Be roat mary function emia (males) eletal: bulders/Back ngers ees/Legs g Exam (NSE) ng Evaluation d on above info)	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED CO or (MD), Doc ABNOF	E OF PARE NE DIVIDING THE STATE OF T	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitionee May be containe Height Pulse BP Claimited par sports, eve Clearance Further tes No athletic One of the ab	r (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation participation		
Eyes/ Heart Abdor Skin a a. N b. A c. H d. Fe Neurc Conce (only	Ears/No. lungs, men, ge eck/Sp rrms/Ha ips/Thiq ips/Thiq ips/Sp sssion \$	ose/Thi pulmo enital/hi sculosk ine/Sh/Kn les creenir	PART 2 MEDIC This examination Can Only Be roat mary function emia (males) eletal: bulders/Back ngers ees/Legs g Exam (NSE) ng Evaluation d on above info)	CAL EVALUATION (TO BE e Performed by a Medical Doct	SIGNATURI WORK PHO OFFICE PH FILLED O	E OF PARE NE DIVIDING THE STATE OF T	THE E	GUARDIAN EXAMING HEAL by (DO), Physician	HOME PHONE	ROVIDER) Nurse Practitionel May be contained Height Pulse BP Unlimited par sports, evee Clearance of Further tess	r (NP) ed on Provider's Form Weight After Exc. commendation articipation ticipation/specific ints or activities withheld pending ting/evaluation participation		