Vallejo Jr. Redhawks

PHYSICAL EXAM FORM

No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been Completed In Full!

Association: _____ **Date of Physical:** _____

Team Chapter: _____ **Team Name:** _____

Candidate's Name _____ Age_____ D.O.B. _____/_____/_____

Address _____ City _____ State _____

MEDICAL HISTORY:

	Yes	No		Yes	No		Yes	No
Glasses/contacts	☐	☐	Seizures	☐	☐	Bleeding tendencies	☐	☐
Asthma	☐	☐	Surgery within past year	☐	☐	Sickle cell tendency	☐	☐
History of Heart Murmur	☐	☐	Diabetes	☐	☐	Allergies	☐	☐
Repeated bone or joint injury	☐	☐	Head injuries within past year	☐	☐	Tetanus (Shot date)	_____	
Fractures within past year	☐	☐	Kidneys disease/infections	☐	☐	Current Medications	_____	
Dentals braces or dentures	☐	☐	Serious illness	☐	☐	Remarks	_____	

VITALS:

Weight: _____ **Height:** _____ **Pulse:** _____ **Blood Pressure:** _____ **Respiration:** _____

SYSTEMS REVIEW:

HEART (N) _____ **EARS (N)** _____
LUNGS (N) _____ **NOSE (N)** _____
ABDOMEN (N) _____ **THROAT (N)**_____
EYES (N) _____

HERNIA:

Umbilical / Inguinal: _____

POSTURE / RANGE OF MOTION:

Cervical Thoracic / Lumbar: _____
Extremities:
Upper:_____
Lower: _____

I certify that I have on this date examined this child and that on the basis of the examination requested and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this child to compete in supervised athletic activities.

Doctors Stamp:

DOCTORS NAME (Printed) _____

DOCTORS SIGNATURE: _____

DOCTORS PH#: ( ) _____