

Physicals for the
2016/2107 school year
are no longer valid

ATHLETIC PHYSICAL EXAMINATION FORM

Campbell Union High School District

VALID PHYSICAL FOR 2017/18
MUST BE PERFORMED AFTER
JUNE 12, 2017

Name: _____ DOB: _____

Height: _____ Weight: _____ Pulse: _____ BP _____/_____

Vision: R 20/_____ L 20/_____ Corrected Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

PHYSICIANS STATEMENT

An annual physical examination certifying that the student is physically fit to participate in athletics is required before a student may try out, practice, or participate in interscholastic athletic competition. I hereby certify that the above named student was examined by me and found physically fit to engage in interscholastic athletics for the current school (June 12, 2017 to June 17, 2018)

Date Examined: _____ Physician Name: _____

PLEASE USE STAMP

Physician Signature: _____ Phone: _____

Parent of Guardian Consent: I hereby give my consent for my son or daughter to compete in interscholastic athletics and to travel with a representative of the school on any trips. In granting permission, I recognize the right of school administration to establish conditions under which student participation is allowed. These conditions include, but are not limited to, scholarship, citizenship, health and safety. In case this student is injured, I authorize the school or its representative to have him/her treated. I will promptly notify the school in the event medical insurance coverage no longer applies to my son or daughter.

Parent/Guardian Signature: _____ Print Name: _____

Date: _____