PARTICIPATION IN EXTRACURRICULAR ACTIVITIES
PHYSICAL EXAM FORM

School: _____

_____ Grade: _____ ID#_____
Student's Last Name First Middle Initial
Address: _____ Birth Date: _____
Family Dr: _____ Dr's Phone: _____

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 if parents cannot be reached: _____ Phone: _____

(Student's Last Name) (First) (Middle)

PHYSICAL EXAMINATION- To be completed by Physician

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

Is further consultation necessary? Yes____ No____ Specialty _____

Signed: _____, **MD** Date: _____ Phone: _____

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

Signed Parent Permission Form on File

Purchased Insurance:_____ Has Personal Insurance _____
Football Only_____ CIF _____ Policy Carrier_____
Dental_____ 24 Hour_____ Policy Number_____

Revised 10/06
GUSHD# 10-13819