

MENDOTA HIGH SCHOOL

Athletic / Physical Eligibility Clearance

Sports Physical / Physical Exam

Student: _____ DOB: _____ Grade: _____

Address: _____ Telephone: _____ **Participating Sport**

Physician Name: _____ Clinic: _____

Medical History

1. Do you have any history of the following	Yes	No
a. Heart Problems		
b. Heat Murmur		
c. Blood Pressure Problems		
d. Broken Bones of Strains/Sprains		
e. Diabetes		
f. Respiratory Problems		

2. In your family, is there anyone who has/had heart disease BEFORE age 50 or a heart mummer?

	Yes	No

Disposition: _____ Cleared
 _____ Not Cleared
 _____ Needs Further evaluation
(Please Initial One)

Conditions to be aware: _____

Physical Exam

HT:	WT:	Temp:	P:	R:	B/P:
	Normal	Abnormal	Explanation		
Ears					
Nose					
Throat					
Lungs					
Heart					
Abd					
Hernia					
CV					
Ext.					

"I herby certify that the student named above was examined in our facility."

Signature of Physician: _____

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MENDOTA HIGH SCHOOL

Parental Consent / Conocimiento de Padre

Student: _____ DOB: _____ Grade: _____

Address: _____ Telephone: _____

To the Parent or Guardian / Para el Padre o Guardián

"I understand that Mendota Unified School district does NOT provide Athletic injury insurance and is NOT responsible or liable for athletic injuries. In order to participate in athletic events, my son/daughter will be examined by a licensed physician and insured against athletic injuries."

"Entiendo que el Distrito Escolar Unificado de Mendota no ofrece el seguro de accidentes de Atletismo y no son responsables de lastimaduras deportivas. Con el fin de participar en eventos atléticos, mi hijo / hija será examinado/a por un médico licenciado y asegurados contra lastimaduras deportivas."

Insurance/Seguranza:

My son/daughter is insured with / Mi hijo/hija esta asegurado con:

Company/Compañía: _____ Policy/Póliza #: _____

My son/daughter is NOT insured / Mi hijo/hija NO esta asegurado/a.

Athletic Participation, Transpiration Consent and Emergency Authorization / Participación Atletismo, Conocimiento de transportación y acción de Emergencia

"I hereby give consent to the student above to participate in athletic events and travel on school transportation. In case my son/daughter is injured, school officials / sport officials have my authorization to treat their injury.

"Doy mi consentimiento para que el estudiante nombrado arriba participe en eventos atléticos y viajar en transporte escolar. En caso de que mi hijo / hija se lastima, los oficiales escolares / oficiales deportivos tienen mi autorización para tratar su lastimaduras."

Emergency Contact/Contacto de Emergencia

1. Guardian/Guardián : _____ Telephone/Teléfono : _____

2. Contact/Contacto : _____ Telephone/Teléfono : _____

Parent Signature / Firma de Padre: _____ Date/Fecha: _____

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