

WHITTIER UNION HIGH SCHOOL DISTRICT

Whittier, California

PHYSICAL EXAMINATION

Student's Name _____ Grade _____

Height _____ Weight _____ Nutrition _____ Skin _____

Ears _____ Eyes _____ B.P. _____

Posture or Orthopedic Conditions _____ Teeth _____

Dental: Are there apparent cavities? _____

Is there a bridge or false teeth? _____

Nose and throat _____ Glands _____ Heart _____ Hernia _____

Lungs _____

Neurological _____

Immunization: D.T. _____ Polio _____

Measles _____ Rubella _____ Mumps _____ TBC _____

Findings significant to the school: _____

Recommendation for full participation in athletics: Yes _____ No _____

Date _____ Doctor's Signature _____

Doctor's Stamp _____

Doctor's Telephone _____

MEMO TO PARENTS AND PHYSICIANS

This physical examination form is designed to be as complete as possible. Its primary use is to obtain a health picture of your student for his/her protection. In case of an athlete, we are interested in a doctor's recommendation for participation. IT IS NOT MANDATORY THAT THE ENTIRE PHYSICAL EXAMINATION FORM BE COMPLETED. Our feeling is that the physician is the best judge of this.

This side to be completed by Parent/ Guardian

Student's Name _____

Birthdate _____

To evaluate the student's health, the parent or guardian is asked to answer the following questions:

- 1. History of any head injury? Yes _____ No _____
- 2. History of Convulsions? Yes _____ No _____
- 3. History of broken bones or fractures? Yes _____ No _____
- 4. History of rheumatic fever, heart Diseases or heart murmur? Yes _____ No _____
- 5. History of ruptured eardrum? Yes _____ No _____
- 6. History of hernia (ruptured)? Yes _____ No _____
- 7. Do you know of any reason why this Student should not participate in a full athletic program?

NOTE: Claims for dental benefits will not be paid if teeth are defective.

I hereby state, to the best of my knowledge, that my answers are complete and correct.

Parent/ Guardian Signature _____

Date _____

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Este lado debe de ser completado por el Padre/Tutor

Nombre de Estudiante _____

Fecha de Nacimiento _____

Para evaluar la salud del estudiante, se le pide al padre o tutor el contestar las siguientes preguntas:

1. ¿Historia de cualquier lesión a la cabeza? Sí _____ No _____

2. ¿Historia de convulsiones? Sí _____ No _____

3. ¿Historia de huesos quebrados o fracturas? Sí _____ No _____

4. ¿Historia de fiebre reumática, enfermedades del corazón o soplo en el corazón? Sí _____ No _____

5. ¿Historia de la ruptura del tímpano? Sí _____ No _____

6. ¿Historia de hernia (ruptura)? Sí _____ No _____

7. ¿Conoce alguna razón porque el estudiante no debe de participar en un programa deportivo completo? _____

NOTE: Las solicitudes de los beneficios dentales no se pagarán si los dientes están defectuosos.

Por la presente declaro, a lo mejor de mi conocimiento, que mis respuestas son completas y correctas.

Firma del Padre/Tutor

Fecha