

CARONDELET HIGH SCHOOL

1133 Winton Drive, Concord, CA 94518 Phone (925) 686-5353 Fax (925) 671-9429

STUDENT PHYSICAL EXAMINATION FORM

This form to be filled out by a physician

*It is strongly suggested that the physical exam be completed between **June 10th** and **July 15th** to comply with CIF regulations for athletics eligibility. Athletics physical forms are valid for one calendar year.*

Student Name: _____ Student ID: _____
 Date of Birth: _____

Immunization Dates:

MMR Booster _____ TDAP _____ Tuberculin Test _____ Result _____

Medical Conditions: Please list any ongoing medical conditions

Known Allergies:

Current Medications: Please list the prescription and over-the-counter medications and supplements the student currently takes

FINDINGS		
Height:	Weight:	BP: / Pulse:
Vision: R 20/	L 20/	Corrected? Yes No Pupils: Equal Unequal
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose		
Throat/Oropharynx		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neurologic		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Foot		
Functional		

ASSESSMENT – Please check all that apply

- Cleared for all usual school activities, including physical education and all competitive sports
- Cleared for sports after completing evaluation/rehabilitation for _____
- Not Cleared for:* _____ Reason: _____

Recommendations _____

Name of Physician: _____ **Phone:** _____

Signature of Physician: _____ **Date:** _____

Doctor's Stamp Required with signature.