

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.

Please attach a copy of student's vaccination records to the back of this sheet. Per the State of California, all students attending public and private schools must be fully vaccinated. For a list of required vaccinations, please visit:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-immunizations.aspx>

Student Name: _____ Date of Birth: _____

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.