

C.I.F. ATHLETIC PARTICIPATION HEALTH FORM
LAS VIRGENES UNIFIED SCHOOL DISTRICT
HEALTH SERVICES

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STUDENT INFORMATION – To be completed by student – Parent/Guardian signature required

Last name:	First name:
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HISTORY: (check yes or no)

YES	NO	ILLNESS	YES	NO	ILLNESS	YES	NO	ILLNESS
		Allergy/Asthma			Glasses/Contacts			Mononucleosis
		Arthritis			Heart Murmur			Mumps
		Chicken Pox			Hepatitis			Pneumonia
		Concussion			Hernia			Polio
		Diabetes			Kidney problems			Rheumatic fever
		Epilepsy/Seizures			Measles			Tuberculosis
		Fainting (frequent)			Migraine headache			Whooping cough

1. Please note any other medical information that school personnel may need _____

ORIGINAL MUST BE RETURNED TO SCHOOL – NO COPIES
PHYSICIAN INFORMATION – To be completed by Physician or Nurse Practitioner only.

Height	Weight:	B.P.	Pulse:
Code: 0 – Negative		X = Positive	
NE: = No Examination			
Ear, Nose, Throat		8. Musculoskeletal evaluation	
Eyes – pupil equal reactive		8.1 Flexibility/stability of joints	
- Symmetry of eye movement		- Gait	- hand
Dental – missing teeth		- Knee bend	
- chipped teeth		8.2 Spine: Scoliosis	
- removable teeth		8.3 Swelling of any joint	
- orthodontia		8.4 Muscular weakness	
Lungs		8.5 Atrophy	
Heart		- Thigh	-shoulder girdle
Abdomen		- Calf	-arm
Hernia		9. In coordination/loss of balance	

Additional findings, comments and /or recommendations _____

"I certify that I have on this date examined this student and that, on the basis of the exam requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities."

IF STUDENT IS NOT MEDICALLY FIT TO PARTICIPATE IN ATHLETICS OR IF THERE ARE EXCEPTIONS TO THE ABOVE STATEMENT, EXAMINING PHYSICIAN SHOULD INDICATE ABOVE.

Signature of Examining Physician: _____ Phone: _____

Print Name: _____ Date of Physical: _____ Date: _____

(Good for one calendar year)

***STAMP REQUIRED HERE**

Please note: Physical done by school doctors at the annual school-wide physicals do not replace your child's regular annual check-up with your primary care physician.