

## San Juan Unified School District SPORTS PHYSICAL EXAMINATION FORM

			PART 1	(TO BE COM		PARE	NT O	R LEG	AL GUARDIAN)		
LAST NA	ME				FIRST NAME					GRADE	
BIRTHDATE FALL SPORT			RT	WINTER SPORT			SPRING SPORT		STUDENT ID NUMBER		
		PART	1 HEALTH	HISTORY (M	Must be Completed by Parent/Guardian			/Guard	ian Prior to the E	 Examination)	
	Yes	No	Has this stude		rust be complete	ica by	uicii	a Guara	idii i iioi to tiic L	ZAGIIII GUU	_
1.			Chronic or recu	urrent illness?		16.				medical care or treatment?	
2.		☐ Illness lasting over 1 week?			17.				Neck or back pain or injury?		
3.	□ □ Hospitalizations or Surgeries? □ □ Nervous, psychiatric, or neurological designs and the surgeries of t			15.1 0	18.				Knee pain or injury?		
4. 5	,					19. 20.			Shoulder or elbow pain or injury? Ankle pain or injury?		
3.	ш	ш	Loss or nonfunctioning of organs (eye, kidney, liver, testicle) or glands?						Other joint pain or injury?		
6.					ines, insect bites, food)?				Broken bones (fractures)?		
7.						22.					
			Chest pain or s	significant or severe shortness of		23.			Wear eyeglasses or contact lenses?		
				or after exercise?		24.			Wear dental bridges, braces or plates?		
9.	□ □ Dizziness or fainting with exercise?				25.			Take any medications? (List below):			
10.			Fainting, bad headaches or convulsions?			26	Yes	No	Further history:	. 1	
11.		□ □ Potential concussion or loss of conscious				26. 27.			Birth defects (corr	rected or not)? or grandparent less than 40	
				stion, heatstroke, or other problems or responding to heat?			ш	ш		or grandparent less than 40 or medical cause or condition?	
13.				eat, skipped or irregular heartbeats,		28.				rent requiring treatment for	
13.		_	or heart murmur?			20.	_	_		ss than 50 years of age?	
14.			Seizures or seiz		29.				ysician on an emergency or		
		Severe or repea	peated instances of muscle cramps?						gent basis in the last 12-months?		
Data at	flast be	owa toto	nus (lookisus) sh	at.		Data	of last	aammlata	nhysical avamination	074.1	
			nus (lockjaw) sh nswers - Descr		Date of last complete physical examination: ct that should be disclosed prior to the examination (use reverse of form if needed,						
Ехрии	n an	ILS G	iswers. Descri	ibe any other ja	ei mai snoma be	aiscios	ca pra	or to the	examination (use	reverse of form if needed).	
										valuation on the student. The	
					and accurate. I presently know of no reason why the student cannot fully and safely participate in the liste						
					volunteers, I understand the evaluation is a screening evaluation only, a					1	
PRINT N	AME OF	PARENT O	R GUARDIAN	ans with the Stud	ent s personal piry	physician or health care provider.   SIGNATURE OF PARENT OR GUARDIAN					
ADDRES	S										
REGULA	R PHYSI	CIAN'S NA	ME			WORK P	HONE		HOME PHONE	DATE	
						WORK P			HOME PHONE	DATE	
PA	ART 2	- MED				OFFICE	PHONE				_
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