	parent/g					Participate in Athletics (not this form)  ☐ Hard Copy				
		completed by student and parent/	_			_ 11 copy				
Name		completed by student and parent	C -11			Grade				
Address										
		State	Zip							
City	<del>-</del>					Phone				
Age	-	Birth Date	Sex		Sport(s)					
Doctor's	Name		Docto	r's Phone	#					
Health Insurance				Policy	#					
IMMU:	NIZATI	ON RECORDS FOR THE	ABOVE NAMED	STUDE	ENT MU	JST BE ATTACHED AND CURRENT				
		S REQUIRED BY CALIFO								
		Health H	istory (must be com	nplete prio	r to the e	xam)				
Please	ase check Has this student had any:			Please check		Is there a history of:				
Y 🔲	N 🔲	Hospitalization?		Y 🔲 N 🔲		Neck or back injury?				
Y 🔲	N 🔲	Surgery other than removal of t	onsils?	Y 🔲	N 🔲	Knee injury?				
Y 🗌	N $\square$	Missing organs (eye, kidney, te	Y 🗌	N 🗌	Shoulder or elbow injury?					
Y 🔲	N 🔲	Allergies (to medicines, insects, foods, etc.)?			N 🔲	Ankle injury?				
Y 🗌	N 🗌	Chest pain or severe shortness	of breath with	Υ	Ν□	Dislocation of a joint?				
		exercise?	02	Y	N 🔲	Catching or locking of a joint?				
Y . N .		Problems with blood pressure or heart (i.e. heart			N	Broken bones/fractures?				
** 🗀	<b>N</b> 7 🖂	murmur)?		Υ□	N $\square$	Ulcers or hernias?				
Υ□	N $\square$	Dizziness or fainting with exerc	Y	N $\square$	Stingers/burners?					
Y □ Y □	N □ N □	Severe or frequent headaches? Concussion or loss of consciou	-maga?	Y 🗌	N 🗌	Skin problems? Further History				
Y 🔲	N $\square$	Heat exhaustion, heat stroke or		ΥΠ	N□	Has any family member died suddenly at				
1 📙	П	with heat?	other problems	1 🗀	IN L	less than 40 years of age of causes other				
Υ	NΠ	Mono, hepatitis, hemophilia?				than an accident?				
ΥΠ	N 🗆	Diabetes?		ΥΠ	N□	Has any family member had a heart attack				
Y 🔲	N 🔲	Seizures/convulsions?			m)(	at less than 55 years of age?				
		Use this space to e	explain any yes a	nswers to	the abo	ove questions.				
Parent's	or guar	dian's acknowledgment: I have	reviewed and agree	e with the	informat	ion presented on this form. I also understand				
	_					replace the routine health care visits as				
						amed student should not participate and				
	•	er school in supervised athletic ac		-						
_		-								
	Mana	of Donout/Coording (Drint)				Cinnatura of Denort/Constitut				
Name of Parent/Guardian (Print)  Signature of Parent/Guardian										
	Home Ph	one Number	Work Phon	e Number	•	Date				

Name	nion High Sc	chool District, Woodside H	Student #			2016-2017 School Year Grade
Eyes, ears, Skin Lungs Heart Abdomen	, nose, throat			Exam (To be co		xamining physician)  Fill in Information: Pulse: BP: Height: Weight: Date of Physical Exam:
Genitalia/	<b>Hernia</b> (male		gested Muscul	nekalatal Fys	am	
		Bugg	ROM STRI		4111	
Normal	Abnormal	Cervical/Spine Flex/Ext Rotation right/left Lateral flexion right/left Thoracic Lumbar Flex/Ext Rotation right/left Lateral Flexion Abdominals/Obliques Upper Extremity Shoulder Forward Flexion/Ext. Abduction/Adduction Internal/Ext. Rotation Horizontal Abd/Add A C Joint/Clavicle Stability Testing Biceps Flex/Ext. Elbow Supination/Pronation Wrist/Hand General Flexibility Hamstrings Quadriceps Lumbar Spine Achilles Use the	nis space to descr	Normal		Hip Hip flexors/Gluteals Add/Abd – Groin/TT Int./Ext. Rotation Knee Patellar Tendon Tibial Tuberosity MCL/LCL ACL/PCL Cartilage Testing Quads/Hamstrings Gast/Soleus Comlex Patella Crepitus Tracking Ankle Plantar/Dorsiflexion Inversion/Eversion Subtalar Joint Ligament Testing Feet/Toes  OFFICE STAMP HERE REQUIRED
☐ Condit☐ No par	d for collision ional participation unt ticipation in a	a, contact, and non-contact s ation, limited to: il: (date) any sport or physical educat				Date: