

ALL PHYSICALS MUST HAVE THE FOLLOWING: Date of physical, Doctors Signature, Clinic or Doctors Stamp or Address

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Desert Sands Unified School District

PHYSICAL EXAM CARD

Name (last) _____ (first) _____ (mi) _____ Grade _____ Date _____

Address _____ Date of Birth _____

City _____ Zip _____ Phone _____ Male _____ Female _____

Physical Information: The following questions must be answered by the student and verified by the parent/guardian.

1. Are you currently taking any prescription medication? YES NO
 2. Are you currently taking any prescription medication? YES NO
 3. Are you allergic to any medication to the best of your knowledge? (ex. - Penicillin) YES NO
 4. Have you been knocked unconscious any time during the past year? YES NO
 5. Do you need a tetanus booster (usually once every ten years)? YES NO
 6. Do you have only ONE working organ of a usually paired organ? (ex.: only one ear, eye, kidney, lung) YES NO
 7. Do you know of, or believe there is, any health reason why you should not participate in interscholastic athletics? YES NO
- If YES is the answer to any of the above questions, indicate the question number and give a brief explanation below.

No _____ Explain _____
No _____ Explain _____

Explain

PHYSICAL: Indicate in the space provided by each topic if there is a deficiency that should be noted.

TO BE COMPLETED BY DOCTOR:

Blood Pressure _____	URINE (PROTEIN) _____	(SUGAR) _____	EYES _____	HEIGHT _____	WEIGHT _____
ALLERGIES _____	EARS _____	SKIN _____	HEART _____	TEETH _____	FALSE TEETH _____
LUNGS _____	SKIN _____		HERNIA _____	THROAT _____	THYROID _____

Additional Remarks _____

I hereby certify that the above named individual was examined by me on the above date and found physically fit to engage in interscholastic athletics.

Print or stamp

Name _____ Signature of Physician _____

Address _____

Phone number _____