

ATHLETIC/ASB DEPT. ONLY
1 ST QUARTER GPA
2 ND QUARTER GPA
3 RD QUARTER GPA
4 [™] QUARTER GPA

Delano Joint Union High School District Athletic Physical Form

Surgeries other than tonsils YES NO Chest Pain YES NO CINjuries treated by Physician YES NO Problems with blood YES NO CUrrently taking medication YES NO Hernia YES NO DIZZiness, Fainting YES NO Bone/Joint injury YES NO CINC NO CI	Student's Name:	ID#	AGE:	DATE OF BIRTH:	
Chronic/Recurrent/Illness YES NO Chronic Headaches YES NO NO Injuries treated by Physician YES NO Problems with blood YES NO Injuries treated by Physician YES NO Problems with blood YES NO Dunder care of Physician YES NO Problems with liver, spleen, kidneys YES NO Dizare of Physician YES NO Bone/Joint injury YES NO Dizaress, Fainting YES NO Bone/Joint injury YES NO Dizaress, Fainting YES NO Allergy to medication YES NO PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical information for Coaches and Athletic Department: Allergies: FipPen Necessary: YES NO Emergency Medication:	PHONE:	ADDRESS:	CITY:	ZIP:	
Surgeries other than tonsils YES NO Chest Pain YES NO Injuries treated by Physician YES NO Problems with blood YES NO Under care of Physician YES NO Problems with blood YES NO Under care of Physician YES NO Problems with liver, spleen, kidneys YES NO Under care of Physician YES NO Problems with liver, spleen, kidneys YES NO Under care of Physician YES NO Bone/Joint injury YES NO Dizziness, Fainting YES NO Bone/Joint injury YES NO Dizziness, Fainting YES NO Allergy to medication YES NO PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies: EpiPen Necessary: YES NO Asthma: YES NO Emergency Medication: NO Emergency Medication: PHYSICAL EVALUATION PHYSICAL EVALUATION PULSE ABDOMEN: GU/HERNIA: NECK/BACK: HEART: ABDOMEN: GU/HERNIA: NECK/BACK: NO Cleared for all sports without restrictions YES NO Cleared for all sports without restrictions: YES NO SCIENTED NO		HEALTH	HISTORY (PLEASE CHE	CK APPROPERIATE BOX)	
Injuries treated by Physician YES NO Problems with blood YES NO Under care of Physician YES NO Problems with liver, spleen, kidneys YES NO Currently taking medication YES NO Hernia YES NO Dizziness, Fainting YES NO Allergy to medication YES NO Dizziness, Fainting YES NO Allergy to medication YES NO Dizziness, Fainting YES NO Allergy to medication YES NO DIZZINESS, Fainting YES NO Allergy to medication YES NO DIZZINESS EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies: FpiPen Necessary: YES NO Ashma: YES NO Emergency Medication: Diabetes: YES NO Emergency Medication: Seizure Disorder: YES NO Emergency Medication: PHYSICAL EVALUATION HT WT BP PULSE GENERAL: CHEST: HEART: ABDOMEN: GU/HERNIA: NECK/BACK: This Athlete is: Cleared for all sports without restrictions: YES NO Cleared for all sports with restrictions: YES NO CLEARED NO CL	Chronic/Recurrent/Illness	YES NO	Chronic Headaches	yes 🗆	№ □
Under care of Physician YES NO Problems with liver, spleen, kidneys YES NO DIZZINESS, Fainting YES NO Bone/Joint injury YES NO DIZZINESS, Fainting YES NO Bone/Joint injury YES NO DIZZINESS, Fainting YES NO Allergy to medication YES NO PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies:	Surgeries other than tonsils	YES NO	Chest Pain	YES 🗆	νо □
Currently taking medication YES NO Bene/Joint injury YES NO Concussions YES NO Bene/Joint injury YES NO Please Explainting YES NO Allergy to medication YES NO PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies:	Injuries treated by Physician	YES NO	Problems with blood	YES 🗆	ΝО □
Dizziness, Fainting YES NO Bone/Joint injury YES NO Concussions YES NO Allergy to medication YES NO PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies:	Under care of Physician	YES 🗆 NO 🗆	Problems with liver,	spleen, kidneys YES	νο □
Concussions YES NO Allergy to medication YES NO PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies:	Currently taking medication	YES 🔲 NO 🗀	Hernia	YES 🗆	№ □
PLEASE EXPLAIN THE "YES" ANSWERS: Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies: EpiPen Necessary: YES	Dizziness, Fainting	YES NO	Bone/Joint injury	YES 🗆	№ □
Parent Signature stating Health History is current: Relevant Medical Information for Coaches and Athletic Department: Allergies:	Concussions	YES NO	Allergy to medication	YES 🗆	№ □
Relevant Medical Information for Coaches and Athletic Department: Allergies:	PLEASE EXPLAIN THE "YES" A	NSWERS:			
Allergies:	Parent Signature stating Hea	th History is current:			
Asthma: YES NO EMERGENCY Medication: Diabetes: YES NO Emergency Medication: Seizure Disorder: YES NO Emergency Medication: PHYSICAL EVALUATION HT WT BP PULSE GENERAL: CHEST: HEART: ABDOMEN: GU/HERNIA: NECK/BACK: This Athlete is: Cleared for all sports without restrictions YES NO Cleared for all sports without restrictions: LIST RESTRICTIONS/LIMITATIONS: If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	Relevant Medical Informatio	n for Coaches and Athletic D	epartment:		
Diabetes: YES NO Emergency Medication: Seizure Disorder: YES NO Emergency Medication: PHYSICAL EVALUATION HT WT BP PULSE GENERAL: CHEST: HEART: ABDOMEN: GU/HERNIA: NECK/BACK: This Athlete is: Cleared for all sports without restrictions YES NO Cleared for all sports without restrictions: If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	Allergies:		EpiPen Neces	sary: YES 🔲 🛚	чо □
Seizure Disorder: YES NO Emergency Medication: PHYSICAL EVALUATION HT	Asthma: YES	NO EMERGENCY M	ledication:		
PHYSICAL EVALUATION HTWTBPPULSE GENERAL: GENERAL: CHEST:HEART: ABDOMEN:GU/HERNIA: NECK/BACK: This Athlete is: Cleared for all sports without restrictions YES	Diabetes: YES	NO Emergency Me	dication:		
HT	Seizure Disorder: YES	NO Emergency Me	dication:		
GENERAL: CHEST: BEART: GU/HERNIA: NECK/BACK: This Athlete is: Cleared for all sports without restrictions Cleared for all sports with restrictions: YES NO LIST RESTRICTIONS/LIMITATIONS: If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	PHYSICAL EVALUATION				
CHEST:	HTWT	BP	PULS	E	
ABDOMEN:	GENERAL:				
NECK/BACK: This Athlete is: Cleared for all sports without restrictions YES NO Cleared for all sports with restrictions: YES NO LIST RESTRICTIONS/LIMITATIONS: If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	CHEST:		_HEART:		
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Cleared for all sports with restrictions: LIST RESTRICTIONS/LIMITATIONS: If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	NECK/BACK:				
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If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	Cleared for	all sports with restrictions:	YES 🗆	№ □	
Reason and Recommendation's: SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	LIST RESTRICTIONS/LIMITATI	ONS:			
SUMMARY/COMMENTS: I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	If athlete is <u>NOT</u> cleared for	or sport(s) please explain	:		
I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	Reason and Recommenda	ition's:			
participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician m is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)	SUMMARY/COMMENTS:				
NAME OF PRACTIONER (PRINT/TYPE):ADDRESS	participate in the sport(s) as outli	ined above. If conditions arise a	fter the athlete has been c	leared for participation, the p	
	NAME OF PRACTIONER (PRINT/T	YPE):	AD	DRESS	

_____, MD OR DO DATE OF EXAM: _____

SIGNATURE OF PRACTIONER:



THLETIC/ASB DEPT. ONLY
1 ST QUARTER GPA
2 ND QUARTER GPA
3 RD QUARTER GPA
4 TH OLIARTER GPA

Delano Joint Union High School District Forma Física Atlética

Nombre del Estudiante:ID#	_	ACIMIENTO:				
TELEFONO: DOMICILIO: CIUDAD: CODIGO POSTAL: HISTORIAL DE SALUD (FAVOR DE MARCAR EL CUADRO APROPIADO)						
Enfermedad/Crónica/Recurrente SI NO	Dolor de Cabeza Crónico	si 🗆 no 🗆				
Cirugías aparte de las anginas SI NO	Dolor de Pecho	si 🔲 no 🔲				
Lastimaduras tratadas por un Médico SI 🔲 NO 🔲	Problemas con la sangre	SI NO				
Bajo Cuidado Médico SI 🔲 NO 🔲	Problemas con el hígado, bazo, riñon	es SI NO				
Actualmente tomando medicamento SI NO	Hernia	SI NO NO				
Mareos, Desmayos Si 🔲 NO 🗀	Lastimadura de Hueso/Coyuntura	SI NO				
Conmociones SI NO NO	Alergia a medicamento	SI NO				
FAVOR DE EXPLCAR LAS RESPUESTAS "SI":						
Firma de Padres indicando que el historial esta al corriente:						
Información Medica Relevante para los Entrenadores y el De	partamento Atlético:					
Alergias:	EpiPen Necesaria: SI	№ □				
Asma: SI NO Medicamento d	de EMERGENCIA:					
Diabetes: SI NO Medicamento d	de EMERGENCIA:					
Trastorno Convulsivo: SI NO Medicamento de EMERGENCIA:						
EVALUACION FISICA						
HTBP	PULSE					
GENERAL:						
CHEST:						
ABDOMEN:GU/HERNIA:						
NECK/BACK: This Athlete is: Cleared for all sports without restrictions YES \(\subseteq \) NO \(\subseteq \)						
Cleared for all sports with restrictions:	YES NO)Hfic				
LIST RESTRICTIONS/LIMITATIONS: S						
Cleared for all sports with restrictions: LIST RESTRICTIONS/LIMITATIONS: If athlete is NOT cleared for sport(s) please explain: Reason and Recommendation's:						
Reason and Recommendation's:						
SUMMARY/COMMENTS:						
I have examined the above-named student and completed the pre-participation evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (parents/Guardian)						
NAME OF PRACTIONER (PRINT/TYPE):	ADDRESS					
PRACTITIONER LICENSENS#	PRACTITIONER PHONE#:					

SIGNATURE OF PRACTIONER: ____

_____, MD OR DO DATE OF EXAM: _____