

# CARONDELET HIGH SCHOOL

1133 Winton Drive, Concord, CA 94518 Phone (925) 686-5353 Fax (925) 671-9429

## STUDENT PHYSICAL EXAMINATION FORM

***This form to be filled out by a physician***

*It is strongly suggested that the physical exam be completed between **June 10<sup>th</sup>** and **July 15<sup>th</sup>** to comply with CIF regulations for athletics eligibility. Athletics physical forms are valid for one calendar year.*

Please attach a copy of student's vaccination records to the back of this sheet. Per the State of California, all students attending public and private schools must be fully vaccinated. For a list of required vaccinations, please visit: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-immunizations.aspx>

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Medical Conditions:** Please list any ongoing medical conditions

\_\_\_\_\_

\_\_\_\_\_

**Known Allergies:**

\_\_\_\_\_

\_\_\_\_\_

**Current Medications:** Please list the prescription and over the counter medications and supplements the student currently takes

\_\_\_\_\_

\_\_\_\_\_

FINDINGS					
Height:	Weight:	BP: /	Pulse:		
Vision: R 20/	L 20/	Corrected? Yes	No	Pupils: Equal	Unequal
MEDICAL	NORMAL		ABNORMAL FINDINGS		
Appearance					
Eyes/Ears/Nose					
Throat/Oropharynx					
Lymph Nodes					
Heart					
Pulses					
Lungs					
Abdomen					
Skin					
Neurologic					
MUSCULOSKELETAL					
Neck					
Back					
Shoulder/Arm					
Elbow/Forearm					
Wrist/Hand/Fingers					
Hip/Thigh					
Knee					
Leg/Ankle					
Foot/Toes					
Foot					
Functional					

**ASSESSMENT – Please check all that apply**

- Cleared for all usual school activities, including physical education and all competitive sports
- Cleared for sports after completing evaluation/rehabilitation for: \_\_\_\_\_ *Not Cleared for:* \_\_\_\_\_ Reason: \_\_\_\_\_
- Recommendations

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

***Doctor's Stamp Required with signature.***