

NAME _____ BIRTHDATE _____

Boy Girl
(circle one)

GRADE: 9 10 11 12

SPORT(S) _____ FULLERTON UNION HIGH SCHOOL DISTRICT HEALTH SERVICE OFFICE

RETURN TO: B.P.H.S. F.U.H.S. L.H.H.S. L.V.H.S. S.H.H.S. S.O.H.S. T.R.H.S.

TO THE PRIVATE PHYSICIAN:

Kindly complete this brief medical examination form and indicate assignment in physical education or athletics for this student. This form must have the date of the physical, the examining physician's signature, address and phone number and yes or no checked to indicate the student is or is not healthy enough for all physical activity. The inventory on the back should be completed and signed by the parents prior to the student's visit to the physician, and if filled in accurately, should adequately cover the student's medical history. Completed forms are to be returned to the school by the student along with all other forms required for athletic clearance.

DATE OF EXAMINATION:	IMMUNIZATION	COMPLETE WITH DATES	COMMENTS:
Student's Age _____ Height _____ Weight _____ lbs. Vision (Snellen) R 20/ _____ L 20/ _____ Glasses: YES NO Audiometer Test: _____ Type _____ Results: R _____ L _____	Tetanus _____ Polio Vaccine _____ Measles: _____ Rubeola _____ Rubella _____ Mumps _____	_____ _____ _____ _____	<p>Please place Doctor's Stamp Here</p>
Normal Abnormal		Normal Abnormal	
Eyes _____ Ears _____ Nose _____ Throat _____ Tonsils _____ Oral Hygiene _____ Condition of Teeth _____ Bridgework _____		Dentures _____ General Appearance _____ Skin _____ Glands _____ Lungs _____ Heart Sound _____ Blood Pressure _____ Pulse _____	Doctor Information William M. Thomas, D.C. Date _____ Athletics YES NO Signature _____ Address 15763 E. Imperial Hwy. City La Mirada, CA 90638 Phone (562) 943-4132




 William M. Thomas, D.C.
 "Dr. T."
 15763 E. Imperial Hwy. La Mirada, CA 90638
 (Imperial Hwy. and Santa Gertrudes, Green Hills Shopping Ctr.)
www.DrChiro.com

WHITTIER UNION HIGH SCHOOL DISTRICT
Whittier, California

PHYSICAL EXAMINATION

Grade _____

Student's Name _____ School _____

Height _____ Weight _____ Nutrition _____ Skin _____

Ears _____ Eyes _____ B.P. _____

Posture or Orthopedic Conditions _____ Teeth _____

Dental: Are there apparent cavities? _____
Is there a bridge or false teeth? _____

Nose and Throat _____ Glands _____ Heart _____ Hernia _____

Lungs _____

Neurological _____

Immunizations: D.T. _____ Polio _____

Measles _____ Rubella _____ Mumps _____ TBC _____

Findings significant to the school: _____

Recommendation for full participation in athletics: Yes _____ No _____

Date _____ Doctor's Signature _____

Doctor's Stamp _____

Doctor's Telephone _____

MEMO TO PARENTS AND PHYSICIANS

This physical examination form is designed to be as complete as possible. Its primary use is to obtain a health picture of your student for his/her protection. In the case of an athlete, we are interested in a doctor's recommendation for participation. IT IS NOT MANDATORY THAT THE ENTIRE PHYSICAL EXAMINATION FORM BE COMPLETED. Our feeling is that the physician is the best judge of this.

We would recommend that the information contained on the back side of the form be completed by each parent.

Student's Name _____

Birth Date _____

To evaluate the student's health, the parent or guardian is asked to answer the following questions:

1. History of any head injury? Yes _____ No _____
2. History of convulsions? Yes _____ No _____
3. History of broken bones or fractures? Yes _____ No _____
4. History of rheumatic fever, heart diseases or heart murmur? Yes _____ No _____
5. History of ruptured eardrum? Yes _____ No _____
6. History of hernia (rupture)? Yes _____ No _____
7. Do you know of any reason why this student should not participate in a full athletic program?

Note: Claims for dental benefits will not be paid if teeth are defective.

I have read the General Information Bulletin of the Myers-Stevens and Co., Inc. and agree to the provisions contained therein. I hereby give my consent for the above named (my son or daughter) to compete in sports and to go with a representative of the school on any trips. In case this pupil is injured, you are authorized to have him treated.

Signed _____ Date _____

No. 11.22-Rev.84



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