

NAME _____ BIRTHDATE _____ BOY GIRL GRADE _____
(circle one)

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.

*2017-2018
School Year*

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 _____ Vision (Shellen) R 20/ _____ L 20/ _____ Glasses: YES NO Audiometer Test: _____ Type _____ Results: R _____ L _____	Tetanus Polio Vaccine Measles: Rubeola Rubella Mumps	_____ _____ _____ _____ _____	<p style="text-align: center;">Please place Doctor's Stamp Here</p> <p style="text-align: center;">↓</p>
Normal Abnormal		Normal Abnormal	Doctor Information ↓
Eyes _____ Ears _____ Nose _____ Throat _____ Tonsils _____ Oral Hygiene _____ Condition of Teeth _____ Bridgework _____		Dentures _____ General Appearance _____ Skin _____ Glands _____ Lungs _____ Heart Sound _____ Blood Pressure _____ Pulse _____	Date OF EXAM: _____ Athletics: YES NO Signature _____ Address 15763 Imperial Hwy. City La Mirada, CA 90638 Phone (562) 694-BACK (2225) Bring this form and your sports Physical is \$20