

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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"Dr. T."

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