

# MEDICAL RELEASE

Whittier Christian High School 501 N. Beach Blvd., La Habra, CA, 90631

**REQUIRED ONLY IF YOUR STUDENT PARTICIPATES IN SPORTS. \*PHYSICALS ARE GOOD FOR ONE YEAR\***

Student Name \_\_\_\_\_ D.O.B. (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_

Last First M.I.

Street Address \_\_\_\_\_ Gender (circle) M F

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I hereby give my consent for my student to compete in sports at Whittier Christian High School. I authorize my student to go with and be supervised by a representative of the school on any trips. In case my student becomes ill or is injured, WCHS is authorized to have my student treated and I authorize the medical agency to render treatment.

**\*\*REQUIRED\*\*** Parent/Guardian (Print name) \_\_\_\_\_ **\*\*REQUIRED\*\*** Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMPLETED BY PARENT/GUARDIAN

Allergies? \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

#### \*Info. Needed BEFORE your physical exam:

1. Has a doctor ever restricted your participation in sports before? Yes \_\_\_ No \_\_\_
2. Do you have any ongoing medical conditions (such as diabetes or asthma)? Yes \_\_\_ No \_\_\_
3. Do you cough, wheeze or have difficulty breathing during or after exercise? Yes \_\_\_ No \_\_\_
4. Have you ever passed out or nearly passed out during exercise? Yes \_\_\_ No \_\_\_
5. Has your heart ever skipped or raced during exercise? Yes \_\_\_ No \_\_\_
6. Have you ever had any significant joint sprains or ligament tears? Yes \_\_\_ No \_\_\_
7. Have you ever had any broken or fractured bones or dislocated joints? Yes \_\_\_ No \_\_\_
8. Have you ever been to the doctor or hospital for a head injury or concussion? Yes \_\_\_ No \_\_\_
9. Does anyone in your family have a history of heart problems? Yes \_\_\_ No \_\_\_
10. Have you ever had a seizure? Yes \_\_\_ No \_\_\_
11. Have you had any eye problems? Yes \_\_\_ No \_\_\_

### COMPLETED BY PHYSICIAN

Height \_\_\_\_\_ Weight \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS
<b>MEDICAL</b>		
Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck/Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee/leg/ankle		
Foot/toes		

Physician Notes: \_\_\_\_\_

Does the student have an injury or physical condition that should be watched? (circle) Yes No

If yes, please list \_\_\_\_\_

- Cleared for all sports (including football) without restriction.
- Cleared, with recommendations for further evaluation or treatment for: \_\_\_\_\_

Not Cleared for  All sports  Certain Sports: \_\_\_\_\_ Reason: \_\_\_\_\_

**\*\*REQUIRED\*\*** Physician Signature: \_\_\_\_\_ **\*\*REQUIRED\*\*** Date of Examination \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**\*All WCHS Athletes MUST have a current Medical Release on file in order to participate in athletics\***