2021/2022 HIGH SCHOOL PHYSICAL SCREENING

Physical must be dated July 1, 2021 or later

SPORT(S):				SCHO	OL: <u>S</u>	<u>OUTH</u>	HIGH	<u> </u>	DATI	E:	
PRINT Last Name Fi		First Name		M.I.		Grade		Ag	Age Date of Birth		
Address						Ci	ty			Zip Cod	de
HEALTH HISTORY (T		,	•		•	ent): = yes ,	N = no	,			
					Asthma Diabetes						
Kidney Problems						<u></u>					
Kluriey Problems		nead Trauma				Seizures			Other (List below)		
History of any previous in	njuries,	fractures	s, seri	ous illne	sses or	operation	ons (Giv	ve year	of pr	oblem)	
Current medications	Allergies				La	st Tetar	nus Imm	uniz	ation		
Signature of P	Parer	nt or	Gua	ardia	n:						
* * * *		₩	※		※	※	*	※	米	※	※
PHYSICAL EXAMINA	TION (To be o	omp	leted by	v phvs	ician):					
	,										
Height: Weight:	TΔ						leo.	Res	enirat	tions:	
		emp:	B	lood Pres	ssure:	Pu					
Visual Acuity: O.D/_ ()Chest Pain ()Extrer	O.S	emp:	B	lood Pres () Corre ss ()F	ssure: ected (-atigue	Pu) Unco ()Pal	rrected pitations	L.M.P s ()Si	udde		
Visual Acuity: O.D/_ ()Chest Pain ()Extrer	O.S	emp: /_ B. ()D	B izzines	lood Pres () Corress ()F	esure: ected (fatigue	Pu) Unco ()Pal	rrected pitations	L.M.P s ()Si	udde		
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