HEMET UNIFIED SCHOOL DISTRICT

ATHLETIC PHYSICAL SCREENING FORM <u>TO BE COMPLETED BY PHYSICIAN</u> i.e., MD, DO, PA, NP, RNP, DC

VameS	ocial Securi	ty No	S	ort
Height Weight Blood Press	ure	Puls)T	'emp
Vision; R20/Corre	ctive Lenses	Yes No	Corrected Vision	R20/ L20/
28° (a	\$1		F . 1	n 1 1 1 1 1
Immunization Dates: Measles or MR	T	or Tetanus		
and the second of the second o		- 0. 20.0.0.0.		
Physical Exam (Please elaborate on any abn	ormality in	the history)		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Normal			normality in Detail
Head, Face and Scalper	1 16 16 2 15 1		Describe AL	dot maney in Detail
Mouth, Nose & Throat	188 25 m.	1 1 th ();	The Property of the State of	r. Salary V
Tonsils in () out ()	2	1		
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Eyes				
Neck (thyroid)		My Carlotte		TO A MARKET TO THE
Lymph nodes				A Maria Carlos Company
Lungs and Chest	1			
	r ·			200
Breasts:	1 7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Vascular system	4 81	-		
Abdomen (include hemias)				
Genitalia	11.	1		
Musculoskeletal (strength and range of motion)	1 19 11 18 7 17	1 . in ()		
Neck	A SA F A	*	-	
Shoulders		-		
Elbows		 		- 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
Hands/Wrists	· · · · · · · · · · · · · · · · · · ·			
Spine			· · · · · · · · · · · · · · · · · · ·	·
Knees		,	<u> </u>	
Ankles				
Feet	 	 		
Skin				
Neurological	-			
Assessment		<u>!</u>		N N
Assessment				»·
		*		
				. ,
Recommendations/preventative measures:				
provention in the second secon				
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× 1				,
CLEARANCE (CIRCLE APPROPRIATE CATE	CORV	Physician'	No-	
1. No Limitations to contact/collision	JOHI	LINSKIAN	1/8006	
2. Limited contact/impact 3. No - contact a. strenuous b, non-strenuous		Physicia-1	Physician's Signature	
		Phone:	o o i Suprinte	
		ruone:		Date:
4. Clearance deferred until seen by team				
		A	tach Stamp or Bu	iness Card
physician or specialist			•	- July Call
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