

Full Name:
List All Sports that Apply
FALL Sport:
WINTER Sport:
SPRING Sport:
School Year:

Piedmont Unified School District
Piedmont High School
PHYSICIAN SIGNATURE MEDICAL FORM
(Submit Form to PHS Main Office)

This examination form **MUST** be filed at the school *before the student may try out or participate in* interscholastic athletics. One physical examination per school year is required of all students participating in interscholastic athletic contests.

Age ____ Date of Birth _____ Grade _____

Examining Physician Section: NOTE: TO BE VALID, the Medical examination MUST take place after May 15th of the school year of participation. The physician is required to carefully review the above parent statements before examining the student.

1. List any significant illnesses that your patient has had/or has: _____

2. Does this student take any medicines on a regular basis? ___ Yes ___ No?
If "Yes," please list why: _____

3. Physical examination normal except for the following: _____

4. Patient's blood pressure: _____ **Resting heart rate:** _____

5. Date of last tetanus shot _____ **(within past 10 years.) Allergies:** _____

6. In your opinion, can this student participate in sports? ___ Yes ___ No
Any Exceptions? _____

Stamp or Print (Doctor Must Sign this Form)

Physician's name: _____ **Date:** _____

Address: _____

Phone Number: _____ **Signature:** _____

Parent's (or Guardian's) Signature

Date

Parent Contact Phone Number

Parent Contact Phone Number

Parent Contact Email

Parent Contact Email