ALHAMBRA
ELEMENTARY SCHOOL DISTRICT

Sports Physical Information

Name:	Age:	Grade:
Date:	Sport(s):	School:
Address:		Phone:
Parent/Guardian:		Phone:
Emergency Contact:		Phone:

Medical History

Concussions/Unconsciousness:	☐ No	☐	Yes:
Hospitalizations or Surgeries:	☐ No	☐	Yes:
Bone or Joint Injuries:	☐ No	☐	Yes:
Current Medications:	☐ No	☐	Yes:
Diabetes:	☐ No	☐	Yes:
Neck/Back Injuries:	☐ No	☐	Yes:
Allergies:	☐ No	☐	Yes:
Vaccinations are Current:	☐ No	☐	Yes:
Seizures:	☐ No	☐	Yes:
Asthma: Glasses/Contact	☐ No	☐	Yes:
Lenses:	☐ No	☐	Yes:
Fainting/Dizzy Spells:	☐ No	☐	Yes:

Physical Exam

Height:		Weight:		Blood Pressure:	

Feature	Result	Comments
General		
Eyes		
Nose		
Dental/Mouth		
Throat		
Ears		
Skin		
Cardiovascular		
Musculoskeletal		
Neurological		
Genitourinary		
Gastrointestinal		
Spinal		
Nutritional Status		
Mental Health		

Additional Comments: _____

I approve this student's participation in Extracurricular Sports for one (1) year. ☐ Yes ☐ No

Physician: _____ Signature: _____ Date: _____