CARLSBAD HIGH SCHOOL
PHYSICAL EXAM/ATHLETIC ELIGIBILITY FORM

NAME:_____ GRADE_____
(Last Name) (First Name) (Initial)

ADDRESS:_____

DATE OF BIRTH:_____ PLACE OF BIRTH:_____ LIVESWITH:PARENT___GUARDIAN___OTHER____

HOME PHONE:_____ FATHER'S WORK:_____ MOTHER'S WORK:_____

FAMILY PHYSICIAN:_____ PHONE:_____

PHYSICAL EXAMINATION

MEDICAL HISTORY (to be completed by parent/guardian)

	YES	NO		YES	NO
Family history of sudden death?			Dental Implants?		
Chronic/recurrent illness?			Cough/pain?		
Hospitalization?			Problems w/blood pressure?		
Surgery other than tonsils?			Problems w/heart - murmurs?		
Injuries treated by doctor?			Problem w/liver, kidney, or spleen?		
Current medications?			Hernia?		
Organs missing?			Recurrent skin disease?		
Heat stroke/exhaustion?			Bone/joint injury?		
Dizziness, fainting?			Sprain/dislocation?		
Convulsions?			Allergic to any medications?		
Knocked out/concussion?			Injury causing missed practice or game time?		
Glasses or contacts?			Tetanus shot in last ten years?		
Hearing defects/deficiency?					

If you answered yes to any of the above, please explain:

_____

_____

_____

EXAM (to be completed by physician)

Height: Weight: Pulse: Blood Pressure:

MEDICAL	NORM	ABN	MUSCLOSKELETAL	NORM	ABN
Appearance			Neck		
Eye/Ear/Nose/Throat			Back		
Lymph Nodes			Shoulder/Arm		
Heart			Elbow/Forearm		
Pulses			Wrist/Hand		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitalia			Leg		
Skin			Foot/Ankle		

_____ **Cleared:**_____ **Not Cleared:**_____

Physician Signature **Date**

WARNING OF RISK AND TREATMENT CONSENT

Participation in competitive athletics may result in severe injury, including paralysis and even death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced the risks. HOWEVER, IT IS IMPOSSIBLE TO TOTALLY ELIMINATE SUCH INCIDENTS FROM HAPPENING. Players may reduce the chance of injury by obeying the rules of their sport, reporting all physical problems, following a proper conditioning program and inspecting their equipment daily. Damaged equipment must be replaced. Even if all of these requirements are followed and even if the athlete is using excellent protective equipment, a serious injury may still occur. WE FULLY UNDERSTAND THAT THERE ARE INHERENT RISKS OF MINOR TO SEVERE INJURY INVOLVED WITH THE PARTICIPATION IN INTERSCHOLASTIC ATHLETICS WITH FULL KNOWLEDGE OF THE ELEMENT OF DANGER AND THE POTENTIAL OF PERSONAL INJURY. WE HAVE OPTED TO PARTICIPATE IN THE ATHLETIC PROGRAM AT CARLSBAD HIGH SCHOOL. In the event of an emergency requiring medical attention, I hereby grant permission to the physicians or other health care professional, designated by the Certified Athletic Trainer or Certified Coach to attend to my child. I expect that every effort will be made to contact me in order to receive my specific authorization or instructions before any treatment outside of Carlsbad High facilities (unless life threatening) is undertaken: AND in compliance with California State Law and under penalty of perjury, I certify that there is in effect at this time, insurance coverage for medical/hospital treatment which will be in effect throughout the sports participation of my student/athlete.

_____

Insurance Company **Policy Number**

_____

Student Name (Print) **Student Signature** **Parent/Guardian Signature**