[PLEASE PRINT]

EL DORADO UNION HIGH SCHOOL DISTRICT Sports Participation Health Record

— This form must be completed every academic year —

NAME						•		AGE	SEX (CIR	1	F	GRADUATIO	DN YEAR
ADDRES	S					CITY			ZIP		PHONE		
Bas	seball		Cheerleading	Football	Lacro	osse	Soc	ccer	Swimmin	g/Diving	ПТ	rack	Water Polo
Bas	sketball					g/	So	ftball	Tennis		U V	olleyball	Wrestling
						/boarding							
	Yes	No			PA	RTA HE	EALTH H	STORY					
1.				had an illness o									
				ou to stay in the ger than a week,									
				o allergies, e.g.,	•	nives, bee							
			sting, expla	nin:									
				n operation, exp									
2.	<u> </u>	<u> </u>		e.g., asthma, dia		ures^, <i>expl</i>	aın:						
3.				bers of your far		ige 50 had :	а						
J.		Ш		died unexpecte			<u> </u>						
4.			Have you ever a. Dizzy or pa	been: ssed out during	or after exe	ercise, <i>expl</i>	ain:						
			b. Unconsciou	us or had a cond	ussion, <i>exp</i>	olain:							
5.			Does running t	he 1/2-mile give									
6.			Do you wear g										
7.			Do you have d	n:									
8.			Have you ever pressure, or a										
9.			Do you have a										
10.			Are you missing a kidney, lung, eye, or testicle, explain:										
11.			Have you ever										
12.			Have you spra	ined, strained, d	islocated, c	or broken ar	ny of the f	ollowing:					
			Ankle	Elbo	w [Hip		Neck	Othe	er, <i>explain</i>	:		
			Back	Foot		Humerus	s 🗌	Pelvis					
			☐ Chest/Ribs	Fore	arm [Knee		Shoulde	er				
			Collarbone	Han	d [Leg		Wrist					
*A sw	im seizu	ire for	m is required for	swim activities									
I, hereby, state the answers on form are correct to the best of my knowledge. I have also read and agree to the contents of the athletic handbook.													
X	JOOK.												
Signature of Student Athlete									Date				
I agree with the health history and give my permission for an examination. I have also handbook.								also read and	l agree to	the co	ontents of	the athletic	
X													
			Signature of	f Parent / Guard	ian				Date				

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PART B PH	YSICAL EXAMINATION	RECORD (TO BE COMPLETED BY A LICENSED MEDICAL DOCTOR)						
Height (inches) P	Blood ressure /	Vision (Right)						
neight (inches) F	essure /	VISION (RIGHT)						
Weight (pounds)	Pulse	Vision (Left)						
CORE EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS					
a. Eyes								
b. Ears, Nose, Throat								
c. Mouth, Teeth								
d. Neck								
e. Cardiovascular								
f. Chest, Lungs								
g. Abdomen								
h. Skin								
i. Genitalia, Hernia								
	·							
ORTHOPEDIC EXAMINATION	NORMAL	ABNORMAL FINDINGS	INITIALS					
a. Neck								
b. Spine								
c. Shoulders								
d. Arms, Elbows								
e. Forearms, Wrists, Hands								
f. Hips								
g. Knees, Legs								
h. Ankles, Feet								
i. Flexibility								
j. Neuromuscular								
Abnormalities found in the health history and/or physical examination that needs assessment:								
RECOMMENDATIONS: Approved for full participation Needs to have the above abnormalities cleared before participation. Disqualified or limited in the following sports:								
X		Date:						
Licensed Medical Doctor's Signature								
Licensed Medical Doctor's Printed Name		Licensed Medical Doctor's Address						

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