Physicals for the 2020/2021 school year are no longer valid

ATHLETIC PHYSICAL EXAMINATION FORM

Campbell Union School District

VALID PHYSICAL FOR 2021/22 **MUST BE PERFORMED AFTER**

JUNE 10 2021.

Name:			DOB:	
Height: Weight: _	Pulse:	BP/		
Vision: R 20/ L 20/	Correcte	ed Y N Pupils: Equal	Unequal	
	NORMAL	ABNORMAL F	INDINGS	INITIALS
MEDICAL				
Appearance				
Eyes/Ears/Nose/Throat				
Hearing				
Lymph Nodes				
Heart				
Murmurs				
Pulses				
Lungs				
Abdomen				
Genitourinary (males only)				
Skin				
MUSCULOSKELETAL				
Neck				
Back				
Shoulder/Arm				
Elbow/Forearm				
Wrist/Hand/Fingers				
Hip/Thigh				
Кпее				
Leg/Ankle				
Foot/Toes				

PHYSICIANS STATEMENT

An annual physical examination certifying that the student is physically fit to participate in athletics is required before a student may try out, practice, or participate in interscholastic athletic competition. I hereby certify that the above named student was examined by me and found physically fit to engage in interscholastic athletics for the current school year. (June 10, 2021 to June 6, 2022)

Date Examined: _____

Physician Name: _____

PLEASE USE STAMP

Physician Signature: _____ Phone: _____