



STATEMENT TO THE PHYSICIAN.
 THE BELOW NAMES INDIVIDUAL HAS APPLIED TO PARTICIPATE IN THE VALLEY CONFERENCE BASKETBALL, TACKLE FOOTBALL, CHEERLEADING OR TRACK PROGRAM. THESE ARE HIGHLY COMPETITIVE AND PHYSICALLY DEMANDING PROGRAMS. A PHYSICAL EXAMINATION IS REQUIRED PRIOR TO PARTICIPATION IN THESE PROGRAMS. PLEASE COMMENT ON ANY SIGNIFICANT HISTORY OR ABNORMAL PHYSICAL FINDINGS ON BACK OF THIS FORM.

PRINT FULL NAME AND DATE OF BIRTH

BORN:

LAST	FIRST	MI	MONTH	DAY	YEAR
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HISTORY to be complete by Parent/Guardian)

- Does the athlete have to any significant degree an of the following?
- | | Yes | No |
|--|-------|-------|
| 1. Trouble with vision or hearing ? | _____ | _____ |
| 2. Any history of lung disease such as asthma?
Wheezing? Chronic Cough? | _____ | _____ |
| 3. Any history of heart trouble? A)Rhuematic Fever
b) heart mummer, c) palpitations or irregular heart rate | _____ | _____ |
| 4. Any history of stomach, intestinal or liver problems? | _____ | _____ |
| 5. Any history of kidney trouble such as
glomorumephritis? | _____ | _____ |
| 6. Any bone, muscular or neurological disease? | _____ | _____ |

Signature _____
 Parent/Guardian

Physician: Is the athlete able to participate in full activities?
 Should there be any limitations?
 If so Describe _____

PHYSICAL EXAMINATION

Pulse _____ Blood Pressure _____
 On examination is there any abnormality of any of the following?
 If so please explain.

	Normal	Abnormal
Ears		
Eyes		
Nose		
Throat		
Neck		
Lungs		
Heart		
Abdomen		
Back		
Hernia		
Neurological		
Skin		
Skeletal		

Medical Examiner's Signature _____ Date _____