

**FOOTHILL ADVENTIST ELEMENTARY SCHOOL
SPORTS PHYSICAL
2018-2019**

Student's Full Name _____
 Grade for 2018-2019 School Year _____
 Sports: Flagball/Basketball/Volleyball/Softball Date of Birth (mm/dd/yyyy) _____ / _____ / _____
 Parent Signature: _____ Date: _____

.....**This portion to be filled out by physician.**.....

Height _____ Weight _____ Blood Pressure _____ Temperature _____

AREA	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Skin				
Eyes, Vision, Glasses				
Nose and Throat				
Mouth, Teeth, Speech				
Glands				
Chest, Lungs				
Abdomen				
- Enlargement				
- Tenderness				
- Hernia				
Spine, Back				
Scoliosis for Grade 7				
Posture				
Extremities				
Genitourinary				
Nervous System Reflexes				

Does this student have any disorder that would interfere with vigorous sports play?
 NO _____ Yes _____

Is this student on any medication? NO/ YES If yes, please list the medication(s) and state why prescribed. _____

(Child's Name) _____ has been checked and found to be in satisfactory physical condition for participation in the practices and games during the 2018 - 2019 school year in the Friendship Games Sports Program of the Central California Conference.

Signature of Physician: _____ Date: _____

(Physician's Stamp)

This sports physical is required of every Foothill student participating in the CCC Sports Program at Foothill Adventist Elementary. It must be kept on record & file for the entire school year.