

TRACY HIGH BULLDOGS

Name _____ Birthday _____ Age _____

FAMILY DOCTOR _____

TRACY UNIFIED SCHOOL DISTRICT ATHLETIC PHYSICAL EXAMINATION PREREQUISITE TO COMPETITIVE ATHLETIC PARTICIPATION

PHYSICAL EXAM	9TH Date _____	10TH Date _____	11TH Date _____	12TH Date _____
Height				
Weight				
Blood Pressure				
Eyes				
E.N.T.				
Teeth				
Thorax				
Heart				
Lungs				
Abdomen				
Hernia				
G. U. - Gyn				
Ortho.				
Urinalysis	Prot. Cluc.	Prot. Cluc.	Prot. Cluc.	Prot. Cluc.
Examiner:				

FOLLOWING CONDITIONS MAY EXCLUDE PARTICIPATION

General: Acute infections, active chronic infections.
 Vision: Less than 20/100 without glasses. One eye.
 Heart: Recumbent pulse over 105- on three successive exams.
 Marked arrhythmias.
 Blood pressure above 150/90 without further Study.
 Hernia: Unless satisfactory repaired.
 G.U.: Nephritis, gross hydrocele, cryptorchidism.

Sport (s): _____

HISTORY:

BROKEN BONES or INJURY (Age at time of) _____

SERIOUS ILLNESS

Yes No

Head _____
 Spine _____
 Knee _____
 Ankle _____
 Arm _____
 Hernia _____
 Other _____

Heart Disease _____
 Diabetes _____
 Epilepsy _____
 Kidney _____
 Convulsions _____
 Hepatitis _____
 Other _____

NOTES

