

**PHYSICALS
PERFORMED IN THE
2022/23 SCHOOL YEAR
ARE NO LONGER VALID**

ATHLETIC PHYSICAL EXAMINATION FORM

Campbell Union High School District

**VALID PHYSICAL FOR 2023/24
MUST BE PERFORMED AFTER
JUNE 1, 2023**

Name: _____ DOB: _____

Height: _____ Weight: _____ Pulse: _____ BP _____/_____

Vision: R 20/_____ L 20/_____ Corrected Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
ECG Screening (9th & 11th only)			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
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 2, 2023 to June 6, 2024).

Date Examined: _____ Physician Name: _____

PLEASE USE STAMP

Physician Signature: _____ Phone: _____