Physicals for the 2021/22 school year are no longer valid

ATHLETIC PHYSICAL EXAMINATION FORM

Campbell Union High School District

VALID PHYSICAL FOR 2022/23 MUST BE PERFORMED AFTER JUNE 2, 2022

Name:				DOB:	
Height:	Weight:	Pulse:	/ BP/	,	
Vision: R 20/	L 20/	Correcte	d Y N Pupils: Equ	al Unequal	
		NORMAL	ABNORN	MAL FINDINGS	INITIALS
MEDICAL					
Appearance					
Eyes/Ears/Nose	e/Throat				
Hearing					
Lymph Nodes					
Heart					
Murmurs					
Pulses					
Lungs					
Abdomen					
Genitourinary	(males only)				
Skin					
MUSCULOSKEI	LETAL				
Neck					
Back					
Shoulder/Arm					
Elbow/Forearn	n				
Wrist/Hand/Fir	ngers				
Hip/Thigh					
Knee					
Leg/Ankle					
Foot/Toes					
	<u>.</u>	•			•
may try out, prac	tice, or participate	rtifying that the stue in interscholastic	athletic competition. I her	rticipate in athletics is require reby certify that the above na or the current school year (Jui	amed student was
Date Examined:		Pł	nysician Name:		
		· ·		USE STAMP	
Physician Signat	ture:				

Phone: _____