

Pueblo County School District 70 PHYSICAL FORM

(Student Full Name)

(School)

Health History (to be completed by parent/guardian before examination)

Has student had any:	Yes	No	Any history of:	Yes	No
1. Chronic Illness	___	___	1. Injuries requiring treatment	___	___
2. Hospitalization	___	___	2. Heart problems	___	___
3. Surgery	___	___	3. Neck Injury	___	___
4. Missing Organs	___	___	4. Knee injury	___	___
5. Allergies	___	___	5. Ankle injury	___	___
6. Blood pressure problem	___	___	6. Back injury	___	___
7. Dizziness with exercise	___	___	7. Broken bones	___	___
8. Headaches	___	___			
9. Concussion	___	___			
10. Heat exhaustion/stroke	___	___			
1. Does student wear contacts	___	___			
2. Wear dental bridges/braces	___	___			
3. Take any medication	___	___	What type? _____		
4. Heart murmur	___	___			
5. Scoliosis	___	___			

Any reason not to participate _____

Date of last known tetanus shot _____

Comments: _____

Height _____ Weight _____ Blood Pressure _____

	Normal / Abnormal	Comments
Eyes		
Ears, Nose, Throat		
Mouth, Teeth		
Neck		
Cardiovascular		
Abdomen		
Hernia		
Skin Lymphatic		
Spine		
Shoulders		
Arms, Hands		
Hips		
Thighs		
Knees		
Ankles		
Feet		
Neurological		

I recommend that the above student is fit for participation. Yes _____ No _____

This student has health problems that prohibit him/her from participating in:

Physician Signature

Date