



57373 Joshua Lane, Yucca Valley, CA 92284, Phone: (760)-365-3599, Email: school@joshuasprings.org

Physical Questionnaire

(To be completed by parents)

Student Name: _____ Birth Date: _____

Home Address: _____

Parents Name(s): _____ Phone Number: _____

Yes No 1. Has had an injury or illness requiring medical attention.

Yes No 2. Is under a physician's care now or takes medication.

Yes No 3. Wears glasses/contact lenses.

Yes No 4. Has had surgical operations(s) or been in the hospital.

Yes No 5. Do you know any reason that this individual should not participate in all sports?

Please explain any Yes answers to the above questions. _____

Most recent tetanus immunization: _____

I give consent for a physical examination: _____

TO BE COMPLETED BY THE PHYSICIAN

Height: _____ Weight: _____ Blood Pressure _____

Respiratory: _____ Cardiovascular: _____

Physicians Statement: _____ (Students Name) was examined by me on _____ and found physically fit to engage in high school sports.

Comments (If any): _____

Physician Signature