



ATHLETIC PHYSICAL EXAM AND ACKNOWLEDGEMENT FORM
This section must be completed by authorized medical provider (M.D., D.O., N.P., PA-C.)
Physical Exam

Last Name		First Name		Sex	Date of Birth
GENERAL INFORMATION AND HEALTH HISTORY					
Height	_____	Medications	_____		
Weight	_____	Allergies	_____		
Pulse	_____	Urinalysis	_____		
BP	_____	Seizure Disorder	_____		
Vision	R _____	L _____	Concussion	_____	
Correction	Glasses _____	Contacts _____	Deformities	_____	
Hearing	R _____	L _____	Other	_____	
GENERAL EXAM			ORTHOPEDIC EXAM		
Eyes/Ears/Nose	_____		Spine/Gait	_____	
Throat/Oropharynx	_____		Hands/Wrist	_____	
Heart	_____		Shoulders/Arms	_____	
Lungs	_____		Feet/Ankles	_____	
Abdomen	_____		Knees	_____	
Genital/Hernia	_____		Hips/Thigh	_____	
Neurological	_____		Elbow/Forearm	_____	
Skin	_____				
Lymph Nodes	_____				
Pulses	_____				
PHYSICIAN'S RECOMMENDATION - PHYSICIAN MUST CHECK ONE OF THE FOLLOWING					
_____ Student may participate in athletics with no restrictions					
_____ Student may participate in athletics with restriction _____					
_____ Student may NOT participate in athletics					
_____ Physician's Signature			_____ Date		
Physician's Name (Printed)		Address		Phone #	

The following two sections must be signed by student and parent/guardian

Acknowledgement of Risk

We realize that participation in interscholastic athletics involves the potential for injury which is inherent in all sports. We acknowledge that even with proper coaching, use of approved protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadraplegia or even death. With full awareness and understanding of these risks, we consent to participation.

_____ Student Signature

_____ Parent/Guardian Signature

_____ Date

Acknowledgement of Information

We have received the DVUSD Athletic Information pamphlet. We have read, reviewed and understand the information and guidelines provided. We have had any questions or concerns regarding this information addressed by the appropriate school personnel. We agree to participation compliant with the information and guidelines contained in the DVUSD Athletic Information pamphlet.

_____ Student Signature

_____ Parent/Guardian Signature

_____ Date