HOME OF THE BULLDOGS
UNIVERSITY SCHOOLS
6525 W. 18TH ST. GREELEY, CO. 80634

MEDICAL HISTORY AND PHYSICAL

Parent should complete this side of form PRIOR to appointment with physician.

STUDENT NAME _____

DATE OF BIRTH _____ GRADE _____ for school year 2015 - 2016

PARENT/GUARDIAN NAME _____

ADDRESS _____ PHONE _____

HEALTH HISTORY:

	Has this student had any: YES	NO			*Does this student:* YES	NO	
1.	____	____	chronic or recurrent illnesses?	8.	____	____	wear eye glasses or contact lenses?
2.	____	____	hospitalizations?	9.	____	____	wear dental bridge, braces, plates?
3.	____	____	surgery?	10.	____	____	take any medications?
4.	____	____	missing organs (eye/kidney/testicle)?	11.	____	____	wear a prosthesis?
5.	____	____	heart condition?	12.	____	____	have any allergies?
6.	____	____	seizures/epilepsy?	13.	____	____	have any physical limitation?
7.	____	____	fainting spells ?	14.	____	____	have difficulty hearing?

EXPLAIN ANY "YES" ANSWERS _____

_____

_____

HAS THIS STUDENT EVER HAD A CONCUSSION OR LOSS OF CONSCIOUSNESS? _____YES _____NO

DESCRIBE: _____

DATES OF ANY IMMUNIZATIONS DURING THE PAST YEAR _____

DESCRIBE ANY OTHER SIGNIFICANT PHYSICAL, BEHAVIORAL OR EMOTIONAL CONCERNS: _____

_____

_____

_____

_____

DATE: _____ PARENT/GUARDIAN'S SIGNATURE _____

HOME OF THE BULLDOGS
UNIVERSITY SCHOOLS
6525 W. 18TH ST. GREELEY, CO. 80634

PHYSICAL EXAMINATION FORM

To be completed by physician.

NAME_____DATE OF BIRTH _____

HEIGHT_____ WEIGHT_____ BLOOD PRESSURE _____/_____ PULSE _____
VISION R 20/_____ L 20/_____ Corrected: Y N

Immunization Dates: TDAP_____ TD _____ Polio _____ MMR_____ Varicella_____

EXAMINATION	NORMAL	ABNORMAL	EXPLANATION
Skin			
Eyes			
E-N-T			
Teeth			
Cardiovascular			
Respiratory			
Abdomen			
Genitalia			
Extremities			
Neurological			
Orthopedic/Spine			
Allergies			
Endocrine			
Laboratory: Urinalysis			
Blood Count			

Recommendations to school health services or other personnel:

_____

_____

_____

_____

COMPETITIVE SPORTS CLEARANCE
(Complete if applicable)

I consider_____ to be physically fit at the present time and up-to-date on all necessary immunizations. I consider him/her to be capable of participating in all competitive athletics for the coming school year.

CROSS OUT ANY EXCEPTIONS HERE: baseball, basketball, cross country, football, golf, soccer, softball, spirit (cheer, poms), swimming, tennis, track and field, wrestling, volleyball.

DATE _____ PHYSICIAN'S SIGNATURE _____

PLEASE RETURN THIS FORM TO: *University Schools, 6525 W 18 St, Greeley CO 80634; or fax to 970-506-7070*