Alhambra Elementary School District
4510 N. 37th Ave. Phoenix, AZ 85019 • 602-336-2222

Sports Physical Information

Name:	Age:	Grade:
Date:	Sport(s):	
Address:		Phone:
Parent/Guardian:		Phone:
Emergency Contact:		Phone:

Medical History

Concussions/Unconsciousness:		No		Yes:
Hospitalizations or Surgeries:		No		Yes:
Bone or Joint Injuries:		No		Yes:
Current Medications:		No		Yes:
Diabetes:		No		Yes:
Neck/Back Injuries:		No		Yes:
Allergies:		No		Yes:
Vaccinations are Current:		No		Yes:
Seizures:		No		Yes:
Asthma:		No		Yes:
Glasses/Contact Lenses:		No		Yes:
Fainting/Dizzy Spells:		No		Yes:

Physical Exam

Height: Weight: Blood Pressure:

Feature	Result	Comments
General		
Eyes		
Nose		
Dental/Mouth		
Throat		
Ears		
Skin		
Cardiovascular		
Musculoskeletal		
Neurological		
Genitourinary		
Gastrointestinal		
Spinal		
Nutritional Status		
Mental Health		

Additional Comments: ____

____

____

I approve this student's participation in Extracurricular Sports for one (1) year. ☐ Yes ☐ No

Physician: ____________________ Signature: ________________________ Date: ________