CAPISTRANO UNIFIED SCHOOL DISTRICT

SPORTS: (Please check all that apply)

• Cross Country

• Girls Tennis

• Surfing

• Girls Water Polo

• Softball

• Boys Tennis

• Lacrosse

	o Girls Volleyball o Basko o Boys Water Polo o Socce					
ame	Grade i	n 2023 24	MaleFemal	eDate of Birth	/ /	
ddress	City & Zip	Code		Phone		
ather/Guardian	Work phone		Cell	Cell phone		
other/Guardian		Work phone		Cell phone		
nergency Contact	Phoi	Phone		Insurance		
	or the above named student (son/de authorized to have him/her trea		pete in sports and to go wi	th a representative of the scho	ool on any	
SIGNATURE OF PARENT/GUARDIAN*					_	
HEALT	TH HISTORY: TO BE C	OMPLETED BY F	PARENT BEFORE I	OOCTOR EXAM		
Any past or present:	Yes No			Yes No		
Do you experience pass: Any family history of S Any family history of M Any history of tempora Any history of recent se	in with exercise? ' heart or skipped beats? ing out, near passing out or unexpects udden cardiac death in afamily me larfan's syndrome Or prolonged QT ry numbness or paralysis of both arm evere viral illness, infectious mononuc wing: absence of one kidney? males: absence of one testic	Painful joint Broken bone B Knee or anh R Need for mee Menstr Hernia Asthma OTHEL AND So ed tiredness during exerci mber under the age of 50 syndrome? s and/or legs following heleosis, or hepatitis?	craces calse teeth ts cs cody part,date cde problems tequire support/brace dication Name cuation problems called the companion of the companio	DOCTOR		
Any current active skin	infection?			==		
HYSICAL EXAM:	hysician's asst/Nurse Practitioner)	HEIGHT	WEIGHT			
ULSE: RESTING_	AFTER ACTIVI	ТҮ	B.P			
ŒS	THROAT	ABDOM	EN	ORTHOPEDIC		
ARS	LYMPH GLANDS	HERNIA	<u> </u>	SKIN		
	THYROID	POSTUR	<u></u>	OTHER		
RACES	HEART	MUSCLI	E TONE			
OSE	LUNGS	REFLEX				
have examined the a	endations or restrictions bove student and do recor gned by <u>a PHYSICIAN, PHYS</u>		2 0		oorts.	
Name of physician	me of physicianM.D/DO/PA/NP Date			**Physician's Office Stamp**		