Name_____ Expiration Date_____

PHYSICAL FORM

All Freshmen and transfer students MUST have a *****current* **physical on file no later than the FIRST day of school . If student does not have completed physical form on file she WILL NOT BE ALLOWED to participate in any co-curricular activities or her Physical Education class. (State Code 3381). Non participation in Physical Education class may affect her grade.
**** Current physical : dated no earlier than April 16**

NAME:_____SPORT(S):_____
BIRTH DATE:_____AGE_____GRADE:_____
HEIGHT:_____WEIGHT:_____
BLOOD PRESSURE:_____PULSE_____RESPIRATIONS_____
VISION R_____L_____ CURRENTLY USING CORRECTIVE LENSES YES NO

BINOCULARITY	NORMAL_____	ABNORMAL_____
DENTAL EVALUATION	NORMAL_____	ABNORMAL_____
CARDIOVASCULATORY	NORMAL_____	ABNORMAL_____
RESPIRATORY	NORMAL_____	ABNORMAL_____
HEAD/NECK/LYMPHATICS	NORMAL_____	ABNORMAL_____
EARS/NOSE/THROAT	NORMAL_____	ABNORMAL_____
GASTROINTESTINAL	NORMAL_____	ABNORMAL_____
GENITAL-URINARY	NORMAL_____	ABNORMAL_____
MUSCOLO-SKELETAL	NORMAL_____	ABNORMAL_____
NEUROLOGICAL	NORMAL_____	ABNORMAL_____
PUPIS	EQUAL _____	UNEQUAL _____

I certify that the foregoing information has been reviewed and the above-named individual has been given a physical examination covering the above information. The above-named individual is:

_____withheld from participation -explain_____

_____limited participation-explain_____

_____cleared for unlimited participation

MEDICATION STATEMENT

It is deemed medically necessary for this student to carry medication/inhaler on her person.

Name of medication: 1. _____ Dosage:_____

2. _____ Dosage:_____

Condition(s) needing medication:_____

Is student under physician care at this time?____ If yes, for what?_____

_____
PHYSICIAN'S SIGNATURE **DATE**

_____
PRINTED NAME AND BUSINESS PHONE NUMBER **LICENSE NUMBER**

Have you ever had or have you now any of the following:

* YES	NO	CONDITION	* YES	NO	CONDITION
		ADD/ADHD			Irregular menstrual cycle
		Allergies (drug, food, etc)			Joint dislocations
		Asthma			Kidney stone or bloody urine
		Broken bones			Kidney or bladder infection
		Diabetes			Ligament injuries
		Dizziness or fainting spells			Missing organs
		Epilepsy or seizures			Mononucleosis
		False teeth or bridges			Muscle cramps
		Family history of heart disease			Other injuries
		Head injury or concussion			Painful menstrual periods
		Headaches			Rheumatic fever
		Hearing/Speech disorder			Seizures
		Heart murmur/abnormal heart beat			Sports injuries
		Heat illness, treated or hospitalized			Stomach trouble or ulcer
		Hepatitis/yellow jaundice			Sudden death in family before 55
		High blood pressure			Surgeries
		History family diabetes			Unconsciousness or blackouts
					Wears contact lenses/glasses

* If necessary, please attach any explanation regarding a “yes” in any of the above categories. Please submit copy of immunization record, including last booster & 2nd MMR (unless of file).

Please list any other past or present diseases, disorders or injuries requiring a physician's treatment and/or medical attention -include approximate dates:

_____

_____

To the best of my knowledge, the medical history provided herein is correct and complete. I know of no reason, not recorded herein, to restrict activity. In case of injury, I hereby give my consent for my daughter to have initial treatment by a hospital physician, team physician or whatever treatment is deemed necessary. This permission includes emergency surgery and admission to the hospital in addition to drugs.

I hereby give permission for my daughter to carry and self-administer the medication/inhaler_____.
name of medication

She is deemed responsible for its use and is aware it may not be used by others. I assume responsibility for its use, releasing AOLP from any legal responsibility.

_____
PARENT/GUARDIAN SIGNATURE

HOME PHONE_____ BUSINESS PHONE_____

CELL/FATHER _____ CELL/MOTHER _____

FAMILY PHYSICIAN _____ PHONE _____

THIS COMPLETED FORM IS VALID FOR CIF ATHLETICS *ONLY* IF DATED LESS THAN ONE YEAR FROM FIRST DAY OF TRY-OUTS .
(State law requires that every new student have a current physical form in the school files by the first day of school. (SC code 3381)