

School Site: _____

Sacramento City Unified School District

PART 1 (TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN)						
LAST NAME		FIRST NAME			GRADE	
BIRTHDATE	FALL SPORT	WINTER SPORT	SPRING SPORT	STUDENT ID NUMBER		
PART 1 -- HEALTH HISTORY (Must be Completed by Parent/Guardian Pri or to the Examination)						
1.	Yes †	No †	Has this student had Chronic or recurrent illness?	16.	† †	Injuries requiring medical care or treatment?

Eyes/Ears/Nose/Throat			Height: Weight:
Heart, lungs, pulmonary function			Pulse After Ex:
Abdomen, genital/hernia (males)			BP:
Skin and Musculoskeletal:			Recommendation: <input type="checkbox"/> Unlimited participation <input type="checkbox"/> Limited participation/specific sports, events or activities <input type="checkbox"/> Clearance withheld pending further testing/evaluation <input type="checkbox"/> No athletic participation One of the above MUST be checked
a. Neck/Spine/Shoulders/Back			
b. Arms/Hands/Fingers			
c. Hips/Thighs/Knees/Legs			