## MIDDLE AND HIGH SCHOOL PHYSICAL/ATHLETIC PHYSICAL EXAMINATION

-		c of proje	ical examination is valid for the	purposes of this	rule for one	(1) calena			
days,	is allow	ed for ex	pired certifications of physical e	xamination.	a to proper to				
Name		anger I ya manaka a		Male		Birth Date		Grade	
			Home Address					Phone #	
HEAL	TH HIST YES	NO	Has this student had any?			YES	NO	Has this student had any?	
1.			Chronic or managed illa and an in		1 2				
2.	1 Mari		Chronic or recurrent illness or in	yury?	16.			Asthma?	
3.			Any illnesses lasting more than	one week?	17.			Epilepsy or other seizures?	
4.			Rheumatic fever, mononucleosis	87	18.			Diabetes?	
5.	-		Hospitalizations (overnight or lo	nger)?	19.		-	Eyeglasses or contact lenses?	
6.			Surgery, other than tonsillectom	y7	20.			Dental braces, bridges, plates?	
0. 7.	<u> </u>		Missing organs (eye, kidney, tes	ticles)?					
7. 8.			Allergy to medicine, insects, foo	đ?				a de la companya de l	
		· ·	Seasonal allergies (hay fever)	7		YES	NO	Is there a history of?	
9.	-	-	Problems with heart, blood press	ure, cholesterol?	21.			Injuries requiring medical treatmen	
10.			Racing of your heart or skipped h	eart beats?	22:			Neck injury?	
11.			Chest pain with exercise?		23			Knee injury?	
t <b>2.</b>			Frequent headaches, convulsions,	dizziness, fainting	g? 24.	. —		Knee surgery?	
13.			Dizziness or fainting with exercis	e?	25.			Ankle injury?	
4.	100		Concussion, unconsciousness, ex	remity numbrace?	26.			Broken bones (fractures)?	
5.	•		Heat exhaustion, heat stroke, or o	then beet releted a	20.	<del></del> .			
			Treet exhibition, heat stroke, of o	nier near teraten bi				Other serious joint injuries?	
	YES.	NO	FIRTHER HISTORY.		28.	-		Use of protective equipment or brace	
99	YES	NO	FURTHER HISTORY:		28.			Use of protective equipment or brace	
29.	YES	<del></del>	Is there a history of family or gene	etic disease?					
30.	YES	<del></del>	Is there a history of family or gene Has any family member died sudd	enly at less than 4	0 years of age	of causes of	her than a		
30. 31.	YES -	NO	Is there a history of family or general Has any family member died sudd Has any family member had a hear	enly at less than 4	0 years of age on 55 years of a	ge?		n accident?	
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IMMUNIZATION	RECORD (month	h/date/year)			7 1 n 1		
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Pertussis		+				• 14-45 E	
Tetanus		-	E 1 - 57   11 - 1			(	
Polio					are the second		
Measles				THE REPORT OF THE PARTY.		August 1	
Mumps		-			- depict of the service		
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Limited Part	icipation. MAY	NOT participa	te in:				9
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NOT CLEA							
NOT CLEA	s Name (PRINTE	D)		Date of Examin	ation		
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