Parent, complete This side PRIOR to appointment with physician

HOME OF THE BULLDOGS
UNIVERSITY SCHOOLS
6525 W. 18TH ST. GREELEY, CO. 80634

MEDICAL HISTORY AND PHYSICAL

STUDENT NAME _____

DATE OF BIRTH _____ GRADE _____ FOR SCHOOL YEAR _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ PHONE _____

HEALTH HISTORY:

	Has this student had any: YES	NO			*Does this student:* YES	NO	
1.	____	____	chronic or recurrent illnesses?	8.	____	____	wear eyeglasses or contact lenses?
2.	____	____	hospitalizations?	9.	____	____	wear dental bridge, braces, plates?
3.	____	____	surgery?	10.	____	____	take any medications?
4.	____	____	missing organs (eye/kidney/testicle)?	11.	____	____	wear a prosthesis?
5.	____	____	heart condition?	12.	____	____	have any allergies?
6.	____	____	seizures/epilepsy?	13.	____	____	have any physical limitation?
7.	____	____	fainting spells ?	14.	____	____	have difficulty hearing?

EXPLAIN ANY "YES" ANSWERS _____

_____

_____

HAS THIS STUDENT EVER HAD A CONCUSSION OR LOSS OF CONSCIOUSNESS? _____YES _____NO

DESCRIBE: _____

DATES OF ANY IMMUNIZATIONS DURING THE PAST YEAR _____

DESCRIBE ANY OTHER SIGNIFICANT PHYSICAL, BEHAVIORAL OR EMOTIONAL CONCERNS: _____

_____

_____

_____

_____

DATE _____ **PARENT/GUARDIAN SIGNATURE** _____

Physician, complete this side

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PHYSICAL EXAMINATION FORM

NAME_____ DATE OF BIRTH _____

HEIGHT_____ WEIGHT_____ BLOOD PRESSURE _____/_____ PULSE _____
VISION R 20/_____ L 20/_____ Corrected: Y N

Immunization Dates: TDAP_____ TD _____ Polio _____ MMR_____ Varicella_____

EXAMINATION	NORMAL	ABNORMAL	EXPLANATION
Skin			
Eyes			
E-N-T			
Teeth			
Cardiovascular			
Respiratory			
Abdomen			
Genitalia			
Extremities			
Neurological			
Orthopedic/Spine			
Allergies			
Endocrine			
Urinalysis			
Blood Count			

Recommendations to school health services or other personnel:

_____

_____

_____

COMPETITIVE SPORTS CLEARANCE
(6th through 12th grade)

☐ I consider the above named student cleared for participation in athletics without any restrictions.

CROSS OUT ANY EXCEPTIONS HERE: baseball, basketball, cross-country, football, golf, hockey, soccer, softball, spirit, swimming, tennis, track and field, wrestling, volleyball.

DATE _____ **PHYSICIAN'S SIGNATURE** _____

PLEASE RETURN THIS FORM TO: *University High School, 6525 W 18 St, Greeley CO 80634; or fax to 970-506-7070*
University Middle School, 1717 65th Ave. Greeley CO 80634; or fax to 970-576-3909