



Salida Del Sol Academy
 Dual Language Education
www.salidadelsolacademy.org
 (970) 397-3308

PHYSICAL EXAMINATION FORM

*To be completed by a physician.
 Tiene que ser realizado por un médico.*

Name: _____ Date of Birth: _____ Grade: _____

Parent(s)/Guardian(s): _____ Phone: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Vision R 20/____ L 20/____

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			
Laboratory: Urinalysis			
Blood Count			

Recommendations to school health services or other personnel:

COMPETITIVE SPORTS CLEARANCE (Complete if applicable)

I consider _____ to be physically fit at the present time and up-to-date on all necessary immunizations. I consider him/her to be capable of participating in all competitive athletics for the coming school year.

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

DATE _____ PHYSICIAN'S SIGNATURE _____



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MEDICAL HISTORY AND PHYSICAL HISTORIAL MEDICO Y FISICO

****Complete ONLY if student wishes to participate in Middle School (6-8) sports. This form must be completed and returned to SDSA before your child will be allowed to participate in sport practices or games.****

****Completar SOLO si el estudiante desea participar en deportes de Secundaria (6-8). Esta forma debe ser llenada y regresada a SDSA antes de que su hijo se le permite participar en practicas deportivas o juegos.****

Parents should complete this side of form PRIOR to appointment with physician.
Padres deben de contestar este lado de la forma ANTES de ir a su cita con el medico.

STUDENT NAME/NOMBRE DEL ESTUDIANTE: _____

DATE OF BIRTH/FECHA DE NACIMIENTO: _____ GRADE/GRADO _____

SCHOOL YEAR/AÑO ESCOLAR: _____ PHONE NUMBER/NÚMERO DE TELÉFONO: _____

PARENT/GUARDIAN NAME/NOMBRE DEL PADRE O TUTOR: _____

ADDRESS/DIRECCIÓN: _____

HEALTH HISTORY/HISTORIAL MEDICO:

Has the student had any/El estudiante a tenido alguno de estos:

YES/SI	NO	CONDITION/CONDICIÓN	YES/SI	NO	CONDITION/CONDICIÓN
		Chronic illnesses? Enfermedades crónicas?			Wear eye glasses or contact lenses? Usa lentes o lentes de contact?
		Hospitalizations? Hospitalizaciones?			Wear dental bridge, braces, plates? Usa puentes dentales, frenos, placas?
		Surgery? Cirujía?			Take medications? Toma medicamentos?
		Missing organs(eye, kidney, testicle) Organos faltantes			Wear prosthesis? Usa protesis?
		Epilepsy? Epilepsia?			Have allergies? Tiene alergias?
		Fainting Spells? Desmayos?			Have any physical limitation? Tiene alguna limitación física?
		Heart condition? Enfermedades del corazón?			Have difficulty hearing? Tiene dificultad para escuchar?

Please explain any YES answers from box in previous page/Por favor explique si respondió SI a cualquier pregunta en la página anterior:

Has this student ever had a concussion or loss of consciousness? YES/NO, Describe ¿Este estudiante alguna vez a tenido una conmoción cerebral? SI/NO, Describa:

Dates of any immunizations during the past year/Fechas de vacunación durante el año pasado:

Describe any other significant physical, behavioral or emotional concerns/Describa cualquier otra preocupación física, emocional o de comportamiento:

Parent(s)/Guardian(s) Permit for Student Participation

WARNING: Although participation in supervised interscholastic athletics and activities may be one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES AA RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk.

Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY.**

By signing the Permission Form, we acknowledge that we have read and understood this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____ to compete in athletics for Salida del Sol Academy for one or more of the following sports:

Cross Country, Volleyball, Girls Basketball, Boys Basketball, Wrestling, Track, Soccer, other.

I understand my child cannot participate in athletics unless he/she has completed this form in its entirety.

Date:

Signature of Parent(s)/Guardian(s):