



Phoenix Christian Unified Schools

Senior High Junior High Elementary Preschool International
1751 W Indian School Road, Phoenix, AZ 85015 (602) 265-4707

Physical Examination for the 2010-11 School Year

This section to be completed by Parent/Guardian

Student's Last Name _____ First Name _____ MI _____

Birthdate _____ Gender _____ Grade _____ Home Phone _____

Parent/Guardian Last Name _____ First Name _____ Cell Phone _____

Home Address _____ City _____ Zip Code _____

List all expected Sports participation:

1. _____ 3. _____

2. _____ 4. _____

**PHYSICAL EXAM REQUIRED OF ALL 6th—12th GRADE STUDENTS
TO BE COMPLETED BY THE PHYSICIAN AFTER MARCH 1ST FOR THE FOLLOWING SCHOOL YEAR**

Height _____ Eyes _____ R _____ L (without correction) _____

Weight _____ Eyes _____ R _____ L (with corrective lens) _____

Heart _____ Lungs _____ Blood Pressure (right arm, sitting) _____

Abdomen _____ Hernia _____ Pulse/Resting _____ 2 Min _____

Spine/Neck _____ Hip/Knee _____ Ankle/Feet _____ Shoulder _____

Elbow/Hands _____ Genitalia _____ Lymphatics _____

Other _____

NOTE: If an immunization is administered during this exam, please attach a copy of the Patient Vaccination Record.

I certify that I have, on this date, personally examined the above student and that I have found no medical reason why this student should be disqualified from participating in all supervised athletics and physical education classes and activities except as specifically noted below:

Physician's Signature: _____ Date: _____

Printed Name of Physician: _____ DO MD

Physician's Address : _____

Telephone: (_____) _____