

**VISALIA UNIFIED SCHOOL DISTRICT**  
**\*HIGH SCHOOL SPORTS PHYSICAL (To be completed by the parent)**

NAME: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ ID# \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

I hereby give consent to the Visalia Unified School District to receive any information concerning my child's health, including via fax from or send to Dr. \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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*(To be completed by the physician)*

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ LAST Tdap/TETANUS \_\_\_\_\_

Given today:(Date) \_\_\_\_\_ Tdap \_\_\_\_\_ MMR \_\_\_\_\_

Hep B \_\_\_\_\_ Hep A \_\_\_\_\_

Normal	Evaluation	Abnormal	Comments
	VISION		
	EYES		
	EARS		
	MOUTH/TEETH		
	NOSE/THROAT/NECK		
	SKIN		
	HEART		
	LUNGS		
	ABDOMEN/VISCERA		
	BACK		
	EXTREMITIES/REFLEXES		
	TESTICULAR SCREENING (MALES ONLY)		

<p><b>CLEARED..... may compete in:</b></p> <p>___ ALL SPORTS</p> <p>___ CONTACT SPORTS</p> <p>___ NON-CONTACT SPORTS</p> <p>___ OTHER</p> <p>Comments: _____</p> <p>_____</p> <p>Medical Provider Signature: _____</p> <p style="text-align: center;">MD, DO, NP, or PA only</p> <p>Printed Name: _____</p> <p>Address: _____</p> <p>Phone number: _____</p> <p>Date: _____</p>	<p><b>NOT CLEARED...until the following are completed:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Medical Provider Signature: _____</p> <p style="text-align: center;">MD, DO, NP or PA only</p> <p>Printed Name: _____</p> <p>Address: _____</p> <p>Phone number: _____</p> <p>Date: _____</p>
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**AMERICAN MEDICAL ASSOCIATION DISQUALIFYING CONDITIONS FOR SPORT PARTICIPATION**

CONDITIONS	COLLISION	CONTACT	NON CONTACT	OTHER
GENERAL: Acute Infection: Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis.	X	X	X	X
Obvious physical immaturity in comparison with other competitors	X	X		
Hemorrhagic Disease: Hemophilia, purpura and other serious bleeding tendencies	X	X	X	
Diabetes: Inadequately controlled	X	X	X	X
Diabetes: Controlled				
Jaundice	X	X	X	X
EYES: Absence or loss of function of one eye	X	X		
RESPIRATORY: Tuberculosis (active or symptomatic)	X	X	X	X
Severe pulmonary insufficiency	X	X	X	X
CARDIOVASCULAR: Mitral stenosis, aortic stenosis, aortic insufficiency, coarctating of aorta, cyanotic heart disease, recent carditis or any etiology	X	X	X	X
Hypertension on organic basis	X	X	X	X
Previous heart surgery for congenital or acquired heart disease*				
LIVER: Enlarged spleen	X	X		
SKIN: Boils, impetigo and herpes simplex gladiatorum	X	X		
SPLEEN: Enlarged spleen	X	X	X	
HERNIA: Inguinal or femoral hernia	X	X	X	
MUSCULOSKELETAL: Symptomatic abnormalities or inflammations	X	X	X	X
Functional inadequacy of the musculoskeletal system, congenital or acquired, incompatible with the contact or skill demands of the sport	X	X	X	
NEUROLOGICAL: History of symptoms of previous serious head trauma or repeated concussions	X			
Controlled convulsive disorder #				
Convulsive disorder not moderately well controlled by medication	X			
Previous surgery on head	X	X		
RENAL: Absence of one kidney	X	X		
Renal disease	X	X	X	X
GENITALIA: Absence of one testicle/Undescended testicle				

COLLISION: Football, Rugby, Hockey, Lacrosse, etc  
 CONTACT: Baseball, Soccer, Basketball, Wrestling, Water Polo, etc.  
 NON-CONTACT: Cross Country, Track, Tennis, Crew, Swimming, etc  
 OTHER: Bowling, Golf, Field Events, Archery, etc.

\*Each patient should be judged on an individual basis in conjunction with this cardiologist and operating surgeon.

\*\* Each person should be judged on a individual basis. All things being equal, it is probably to encourage a young boy or girl to participate in a non-contact sport rather than a contact sport. However, if a particular patient has a great desire to play a contact sport, and this is deemed a major ameliorating factor in his/her adjustment to school, associates and the seizure disorder, serious consideration should be given to letting him/her participate if the seizures are moderately well controlled or that the athlete is under good medical management.

\*\*\* The Committee approves the concept of contact sports participation for youths with only one testicle or with an undescended testicle (s), except in specific cases such as an inguinal canal undescended testicle (s) following appropriate medical evaluation to rule out unusual injury risk. However, the athlete’s parents and school authorities should be fully informed that participation in contact sports for such youths with only one testicle does carry a slight injury risk to the remaining healthy testicle. Following such an injury, fertility may be adversely affected. But the chances of an injury to a descended testicle are rare, and the injury risk can be further substantially minimized with an athletic supporter and protective device.