## TORRANCE HIGH SCHOOL PHYSICAL SCREENING FORM

SPORT:	SCHO(	DL: TORRA	TORRANCE HIGH DA			TE:	
PRINT: Last Name	First Name	M.I.	Grade	Age Date of Birth		<u> </u>	
Address	City Zip Code		Zip Code	_			
HEALTH HISTORY (To Check and give as much		•	,				
Heart Trouble	High Blood Pressure		Asthma	AsthmaDiabetes			
Kidney Problems	Head Trauma		Seizures	Other (List below)		w)	
History of any previous inju	uries, fractures, serio	ous illnesses o	r operations (Give	e year of p	problem)	_	
Current medications		Last Tetanus Immunization					
Signature of Parent	or Guardian:_						
BUYSICAL EYAMINAT	ION (To be compl	oted by phys	rician):				
PHYSICAL EXAMINATION			-				
Height:Weight:							
Visual Acuity: O.D/	_ O.S/	( ) Corrected	( ) Uncorrected L	M.P			
( )Chest Pain ( )Extreme	S.O.B. ( )Dizziness	( )Fatigue (	)Palpitations (	)Sudden	Death of Family	/ Member	
		10. MUSCULOSKELETAL, ROM, STRE		ENGTH			
1. EYES	NORMA	AL NECK SPINE					
2. EARS, NOSE, THROAT			SHOULDERS				
3. MOUTH AND TEET		ARMS/HANDS					
4. NECK		HIPS					
5. CARDIOVASCULAR		THIGH	THIGHS				
6. CHEST AND LUNGS		KNEE	KNEES				
7. ABDOMEN			ANKLES				
8. SKIN	(2.2.2.	FEET					
9. GENITALIA-HERNIA	(MALE)	11. NEUR	OMUSCULAR				
ABNORMAL FINDING:						_	
	A.41.14 N. D. 41	5			( ) = (	_	
RECOMMEND: ( ) Full	<b>Activity</b> , No Restric	ctions Recomi	mend: ( ) Vision	Evaluation	on ( ) Tetanus	Booster	
( ) Acc	ept, Restrictions: (	) No contact s	ports ( ) Other	·:		_	
( ) <b>Not</b>	Participate						
EXAMINING PHYSICIAN:	License	e#:	Da	Date:			
Address:			Doctor's Stamp here:				
Phone #:							