

PRINT NAME:

_____ Last First

BIRTHDAY:

_____ Month/Day/Year

Physical Screening	Grade 9 Date: _____	Grade 10 Date: _____	Grade 11 Date: _____	Grade 12 Date: _____
Height				
Weight				
Blood Pressure				
Vision				
Lungs				
Heart				
Abdomen				
Kidney: Percussion CVA Tenderness				
Hernia/Testicles				
Ortho: Spine: Percussion, Tenderness Spine: ROM, Scoliosis Touch Toes Full Squat				
Further Comments:				
No Restriction				
Not Cleared/Needs Follow-up				
Examiner's Signature Facility Stamp				

**MODESTO CHRISTIAN HIGH SCHOOL
ATHLETIC PHYSICAL SCREENING**

Print Name _____ **Birthday** _____

Last First Month Day Year

Phone Numbers _____

Home Father's Work Mother's Work

Grade 9

Have you ever had illnesses such as:

Yes	No		Yes	No		Do You:	Yes	No	
()	()	neck/back injuries	()	()	heart disease, murmur	()	()	smoke	
()	()	head injury	()	()	high blood pressure	()	()	wear glasses	
()	()	passed out	()	()	diabetes	()	()	wear contacts	
()	()	knocked out	()	()	asthma	()	()	take medications	
()	()	seizure	()	()	mono			If yes, what?	_____
()	()	concussion	()	()	broken bones	Allergic: (to what)	_____		
()	()	ankle/knee injury	()	()	sprains	_____			
()	()	operations	()	()	lost one paired organ (i.e.: eye, kidney)				
()	()	hernia							

Do you know of any other disability that will prevent your entering physical activity: Yes _____ No _____ If yes, what? _____

Has anyone in your family under age 50 died suddenly (especially during exercise)? Yes _____ No _____

Grade 10

Have you ever had illnesses such as:

Yes	No		Yes	No		Do You:	Yes	No	
()	()	neck/back injuries	()	()	heart disease, murmur	()	()	smoke	
()	()	head injury	()	()	high blood pressure	()	()	wear glasses	
()	()	passed out	()	()	diabetes	()	()	wear contacts	
()	()	knocked out	()	()	asthma	()	()	take medications	
()	()	seizure	()	()	mono			If yes, what?	_____
()	()	concussion	()	()	broken bones	Allergic: (to what)	_____		
()	()	ankle/knee injury	()	()	sprains	_____			
()	()	operations	()	()	lost one paired organ (i.e.: eye, kidney)				
()	()	hernia							

Do you know of any other disability that will prevent your entering physical activity: Yes _____ No _____ If yes, what? _____

Has anyone in your family under age 50 died suddenly (especially during exercise)? Yes _____ No _____

Grade 11

Have you ever had illnesses such as:

Yes	No		Yes	No		Do You:	Yes	No	
()	()	neck/back injuries	()	()	heart disease, murmur	()	()	smoke	
()	()	head injury	()	()	high blood pressure	()	()	wear glasses	
()	()	passed out	()	()	diabetes	()	()	wear contacts	
()	()	knocked out	()	()	asthma	()	()	take medications	
()	()	seizure	()	()	mono			If yes, what?	_____
()	()	concussion	()	()	broken bones	Allergic: (to what)	_____		
()	()	ankle/knee injury	()	()	sprains	_____			
()	()	operations	()	()	lost one paired organ (i.e.: eye, kidney)				
()	()	hernia							

Do you know of any other disability that will prevent your entering physical activity: Yes _____ No _____ If yes, what? _____

Has anyone in your family under age 50 died suddenly (especially during exercise)? Yes _____ No _____

Grade 12

Have you ever had illnesses such as:

Yes	No		Yes	No		Do You:	Yes	No	
()	()	neck/back injuries	()	()	heart disease, murmur	()	()	smoke	
()	()	head injury	()	()	high blood pressure	()	()	wear glasses	
()	()	passed out	()	()	diabetes	()	()	wear contacts	
()	()	knocked out	()	()	asthma	()	()	take medications	
()	()	seizure	()	()	mono			If yes, what?	_____
()	()	concussion	()	()	broken bones	Allergic: (to what)	_____		
()	()	ankle/knee injury	()	()	sprains	_____			
()	()	operations	()	()	lost one paired organ (i.e.: eye, kidney)				
()	()	hernia							

Do you know of any other disability that will prevent your entering physical activity: Yes _____ No _____ If yes, what? _____

Has anyone in your family under age 50 died suddenly (especially during exercise)? Yes _____ No _____