



HOME OF THE BULLDOGS  
**UNIVERSITY**  
**SCHOOLS**  
 6525 W. 18TH ST. GREELEY, CO. 80634

**MEDICAL HISTORY AND PHYSICAL**

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ FOR SCHOOL YEAR \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH HISTORY:

<i>Has this student had any:</i>			<i>Does this student:</i>		
YES	NO		YES	NO	
1. _____	_____	chronic or recurrent illnesses?	8. _____	_____	wear eyeglasses or contact lenses?
2. _____	_____	hospitalizations?	9. _____	_____	wear dental bridge, braces, plates?
3. _____	_____	surgery?	10. _____	_____	take any medications?
4. _____	_____	missing organs (eye/kidney/testicle)?	11. _____	_____	wear a prosthesis?
5. _____	_____	heart condition?	12. _____	_____	have any allergies?
6. _____	_____	seizures/epilepsy?	13. _____	_____	have any physical limitation?
7. _____	_____	fainting spells ?	14. _____	_____	have difficulty hearing?

EXPLAIN ANY "YES" ANSWERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

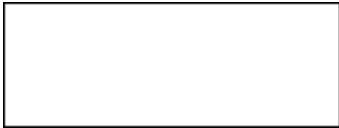
HAS THIS STUDENT EVER HAD A CONCUSSION OR LOSS OF CONSCIOUSNESS? \_\_\_\_YES \_\_\_\_NO

DESCRIBE: \_\_\_\_\_

DATES OF ANY IMMUNIZATIONS DURING THE PAST YEAR \_\_\_\_\_

DESCRIBE ANY OTHER SIGNIFICANT PHYSICAL, BEHAVIORAL OR EMOTIONAL CONCERNS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_



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**PHYSICAL EXAMINATION FORM**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ / \_\_\_\_\_ PULSE \_\_\_\_\_  
 VISION R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

Immunization Dates: TDAP \_\_\_\_\_ TD \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_ Varicella \_\_\_\_\_

EXAMINATION	NORMAL	ABNORMA L	EXPLANATION
Skin			
Eyes			
E-N-T			
Teeth			
Cardiovascular			
Respiratory			
Abdomen			
Genitalia			
Extremities			
Neurological			
Orthopedic/Spine			
Allergies			
Endocrine			
Urinalysis			
Blood Count			

Recommendations to school health services or other personnel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPETITIVE SPORTS CLEARANCE**  
 (6th through 12th grade)

I consider the above named student cleared for participation in athletics without any restrictions.

**CROSS OUT ANY EXCEPTIONS HERE:** baseball, basketball, cross-country, football, golf, hockey, soccer, softball, spirit, swimming, tennis, track and field, wrestling, volleyball.

DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

*University Middle School, 1717 65<sup>th</sup> Ave. Greeley CO 80634; or fax to 970-576-3909*