

MEDICAL RELEASE

Whittier Christian High School 501 N. Beach Blvd., La Habra, CA, 90631

REQUIRED ONLY IF YOUR STUDENT PARTICIPATES IN SPORTS. *PHYSICALS ARE GOOD FOR ONE YEAR*

Student Name _____ D.O.B. (mm/dd/yy) ____/____/____ Grade ____

Last First M.I.

Street Address _____ Gender (circle) M F

City _____ State _____ Zip Code _____ Phone (____) _____

I hereby give my consent for my student to compete in sports at Whittier Christian High School. I authorize my student to go with and be supervised by a representative of the school on any trips. In case my student becomes ill or is injured, WCHS is authorized to have my student treated and I authorize the medical agency to render treatment.

****REQUIRED**** Parent/Guardian (Print name) _____ ****REQUIRED**** Signature _____ Date _____

COMPLETED BY PARENT/GUARDIAN

Allergies? _____

Date of last tetanus shot? _____

***Info. Needed BEFORE your physical exam:**

1. Has a doctor ever restricted your participation in sports before? Yes___ No___
2. Do you have any ongoing medical conditions (such as diabetes or asthma)? Yes___ No___
3. Do you cough, wheeze or have difficulty breathing during or after exercise? Yes___ No___
4. Have you ever passed out or nearly passed out during exercise? Yes___ No___
5. Has your heart ever skipped or raced during exercise? Yes___ No___
6. Have you ever had any significant joint sprains or ligament tears? Yes___ No___
7. Have you ever had any broken or fractured bones or dislocated joints? Yes___ No___
8. Have you ever been to the doctor or hospital for a head injury or concussion? Yes___ No___
9. Does anyone in your family have a history of heart problems? Yes___ No___
10. Have you ever had a seizure? Yes___ No___
11. Have you had any eye problems? Yes___ No___

COMPLETED BY PHYSICIAN

Height _____ Weight _____

Pulse _____ BP _____

	NORMAL	ABNORMAL FINDINGS
MEDICAL		
Appearance		
Eyes/ears/nose/throat		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
MUSCULOSKELETAL		
Neck/Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee/leg/ankle		
Foot/toes		

Physician Notes: _____

Does the student have an injury or physical condition that should be watched? (circle) Yes No

If yes, please list _____

- Cleared for all sports (including football) without restriction.
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain Sports: _____ Reason: _____

****REQUIRED**** Physician Signature: _____ ****REQUIRED**** Date of Examination _____

Address: _____ Phone (____) _____

All WCHS Athletes MUST have a current Medical Release on file in order to participate in athletics

DR. WAYNE WALBURN (562) 697-2181 1281 E. LA HABRA #3 LA HABRA