



LAKE ARROWHEAD CHRISTIAN SCHOOL
1103 N. STATE HWY 173, LAKE ARROWHEAD, CA 92352
PHONE: 909-337-3739 FAX: 909-337-4550

PHYSICAL EVALUATION FORM

RETURN TO THE LACS ATHLETIC DIRECTOR WHEN COMPLETED

SECTION 1: TO BE COMPLETED BY PARENT OR GUARDIAN

ATHLETE'S NAME:

DRUG ALLERGIES:

MEDICATIONS:

MEDICAL PROBLEMS / ILLNESSES:

ASTHMA

YES:

NO:

BLEEDING TENDENCIES

YES:

NO:

HOSPITALIZED

YES:

NO:

REASON:

PREVIOUS INJURIES, FRACTURES, ETC:

SECTION 2: TO BE COMPLETED BY MEDICAL EXAMINER

HEIGHT:

WEIGHT:

PULSE:

BLOOD PRESSURE:

HEART:

LUNGS:

ABDOMEN:

MUSCULAR - SKELETAL:

COMMENTS:

**BASED ON THIS LIMITED, PRE-PARTICIPATION EVALUATION,
THIS STUDENT IS ABLE TO PARTICIPATE IN SPORTS.**

PHYSICIAN'S PRINTED NAME:

SIGNED:

DATE OF EXAM:

MONTH

DAY

YEAR

PHONE: ()

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