

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Health Services

PHYSICAL EXAMINATION REPORT

Student's Name _____ Birthdate _____

Student's Grade _____

A physical examination of this student was performed on (*Date*) _____.

He/she is physically fit to participate in all athletics.*

Date _____ Physician's Signature _____

VALID ONLY WITH PHYSICIAN'S STAMP

Telephone: _____

* California Interscholastic Federation (CIF) policy 308 states . . . "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. . . . The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition..."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.