

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
Health Services



PHYSICAL EXAMINATION REPORT

****PLEASE RETURN ORIGINAL FORM TO THE SCHOOL. NO COPIES.****

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 503.G. 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.