

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

Phone: _____

*California Interscholastic Federation policy 306 states: "An annual physical examination, or a statement by a medical practitioner, certifying that the student is physically fit to participate in athletics is required before a student may try out, practice or participate in interscholastic athletic competition..."

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

F-1223 (10/02)