



# PHYSICAL EXAMINATION FORM

Desert Christian Schools

7525 E. Speedway \* Tucson, AZ 85710 \* DCHS (520) 298-5817 \* DCMS (520) 795-7161

DCHS requires a physical exam for all 9<sup>th</sup> grade and new students. Due prior to the start of school.

DCHS and DCMS require a yearly exam for students participating in sports.

**TO BE COMPLETED BY PHYSICIAN**

STUDENT'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

VISION \_\_\_\_\_ CORRECTED \_\_\_\_\_

EYES		HEART		ANEMIA	
NOSE		LUNGS		SCOLIOSIS	
THROAT		ABDOMEN		NERVOUS SYS.	
TONSILS		SKIN		NUTRITION	
EARS		JOINTS		HERNIA	
GLANDS		EXTREMITIES			

Urinalysis: Albumin \_\_\_\_\_ Sugar \_\_\_\_\_ Blood \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Comments and Recommendations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have examined the above student on the date indicated and have found no medical reason to disqualify her/him from participating in all supervised athletics ion activities with the exception of: \_\_\_\_\_

\_\_\_\_\_

NAME OF PHYSICIAN (print/type) (M.D./D.O./N.P./PA-C)

SIGNATURE OF EXAMINING PHYSICIAN

DATE

NOTE TO PARENTS:

DOCUMENTED PROOF OF IMMUNIZATIONS MUST BE PROVIDED - THIS MEANS THAT YOU MUST PROVIDE THE SCHOOL WITH A COPY OF YOUR STUDENT'S IMMUNIZATION RECORD OR HAVE YOUR PHYSICIAN PROVIDE A COPY OF YOUR STUDENTS IMMUNIZATION RECORD. PARENTAL RECALL IS NOT ACCEPTED BY THE STATE OF ARIZONA AS PROOF OF IMMUNIZATIONS. YOUR STUDENT'S IMMUNIZATIONS MUST BE CURRENT FOR CONTINUED SCHOOL ATTENDANCE.

IF YOUR STUDENT HAS RECEIVED A VACCINE TODAY PLEASE PROVIDE US WITH AN UPDATED COPY THANKS!!!

DCS HEALTH SERVICES