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Health Physical Form

This form must have a parental or guardian signature before the physical will be given.

Part 1: To be completed by the parent or guardian

Student Name _____

Name of Insurance Carrier _____

Address of Insurance Carrier _____

Policy Number _____

Secondary Insurance Carrier _____

Address _____

Policy Number _____

Yes, I give my child permission to receive this physical.

Parent Signature: _____ **Date:** _____

Part 2: To be completed by the doctor

Weight _____ Height _____

Blood Pressure _____

Lungs _____ Comments: _____

Heart _____

Abdomen _____

Extremities _____

Doctor's Signature: _____ **Date:** _____