

**Huron Valley Percussion
Physical Examination Form
2021 - 2022 Season**

Student Name: _____ Birth Date: _____ Sex: _____ Grade: _____
Last First

Health History

Parent, please fill out. Check any applicable health problems below:

Headaches _____	Hearing problems _____	Asthma _____
Stomachaches _____	Vision problems _____	
Ear aches/infections _____	Glasses/contacts _____	Allergies:
Shortness of breath _____	Head injury _____	Hay fever _____
Chest pain _____	Heart defects _____	Poison Ivy _____
Muscle Weakness _____	Convulsions _____	Bee/Insect Stings _____
Bone/Joint pain _____	Diabetes _____	Penicillin _____
Intestinal pain _____	Bleeding/clotting _____	Drugs (list below) _____
Nausea _____	Hypertension _____	Foods (list below) _____
Diarrhea _____	Mononucleosis _____	Specify if airborne or degree of allergy
Urinary symptoms _____	Epilepsy _____	
Fatigue _____	Arthritis _____	
Fainting _____		

List medications student is now taking. Note medication instructions. Add any other pertinent information such as time of administration, dosage adjustment, etc. *If Bee/Insect sting is checked please send Epi-pen or specify expected treatment.*

Physician Statement

This section is to be completed and signed by a physician. Circle the appropriate answer below.

			<u>Comments, if needed</u>
1. Condition of heart	Satisfactory	Unsatisfactory	_____
2. Condition of lungs	Satisfactory	Unsatisfactory	_____
3. Condition of feet, ears, eyes, and nose	Satisfactory	Unsatisfactory	_____
4. Hernia?	No	Yes	_____
5. Scoliosis?	No	Yes	_____
6. Allergies?	No	Yes	_____
7. Diabetes?	No	Yes	_____

Height: _____ Weight: _____ Blood Pressure Reading: _____ / _____

8. Are all patient immunizations current and up to date? Yes No

I certify that I have on this date examined the above student and recommend him/her as being physically able to participate in all HVP activities for the 2021 – 2022 school year.

Physician Signature: _____ Date: _____

Physician Address: _____ Telephone: _____

