

Sports Eligibility Packet

Athletic Forms and Fees:

- Please go to www.villagechristian.org click “Athletics”
In the top right hand corner you can download the “Sports Eligibility Packet”
- These forms must be completed **before you can participate!**
 1. Athlete Preparticipation Physical Form
 2. Parent/Student Medical Release Form
 3. Athlete’s Handbook Signature Form
 4. CIF Code of Ethics
- Athletic Fees: Each team will have a spirit pack fee (see coach for amount) that will be turned in to the Athletic Office. Make checks payable to VCS
- **All forms must be turned into the athletic office prior to the first day of the school year. Fall athletes must have forms turned in before July 31st.**

Physical Information:

- A complete physical is needed prior to the first day of school each year.
- Physical examinations are valid for **12** months and must be renewed each school year.
- VCS strongly recommends that physicals be performed by the student’s doctor or by a sports medicine doctor, not by a chiropractor. It is also highly recommended that the examination include and EKG.
- VCS works with Glendale Adventist Hospital and will offer sports physicals in June 2010, the examinations will be valid for the entire the 2010-2011 school year. More details to come.

Transfer Students:

- 10th, 11th, & 12th grade transfer students from another school need to complete CIF eligibility forms before they can participate in any sport. These forms can be picked up in the Athletic Office.

Any Questions?

Athletic Office: 818-767-8382 x293

Athletic Director – Kevin Aust kevina@villagechristian.org

Administrative Assistant – Shawn Barone shawnb@villagechristian.org

Sports Information – Matt Whisenant mattw@villagechristian.org

Strength Coach/Equipment/Trainer – Rick Young ricky@villagechristian.org

Village Christian High School

Athlete/Parent Handbook

CLEARANCE FOR INTERSCHOLASTIC COMPETITION

The following steps must be taken in order for a student to receive clearance to participate in an official practice or game at Village Christian High School:

1. Medical Examination by a certified physician

Every athlete must complete a medical examination before participating in practice or games. These medical exams are good for one (1) school year. Medical exam forms are located in the school athletic office. The athlete or parent must schedule an appointment with the physician and have the physician complete the form at that time. Please bring the completed form to the coach or the athletic office on or before the *first* day of practice.

2. Spirit Pack Fee

Spirit Pack fees are established by each head coach in conjunction with the athletic director depending on the team practice uniform and equipment needs. The Spirit Pack consists of practice attire and other incidental items. Spirit Packs may be purchased from the school Equipment Manager.

3. Transfer Eligibility

Students transferring to Village Christian from another high school must complete the required paperwork and be approved by the CIF before participating in practice. A meeting with the Athletic Director is required of *all* transferring student-athletes and should be scheduled immediately after acceptance to VCS. At that time, the required forms will be issued.

4. Attendance at Required Pre-Season Parent Meeting

Parents and students must attend the pre-season team meeting to be eligible for team tryouts and participation during the season. Team rules, regulations and expectations will be distributed and discussed at this meeting.

5. Read, Sign and Date

Athletes must read, sign and date the CIF Code of Ethics each school year in order to participate in the VCS high school athletic program.

INTRODUCTION

The athletic program at Village Christian Schools is an integral part of the total school program. While the academic and spiritual growth programs are the foundation of the school and are offered to all students on an equal basis, the athletic program is more selective and competitive in its focus and goals. Through athletics, students have the opportunity to develop physical skills and abilities, to work toward goals with other members of a group, and to express and promote Christian values and attitudes in a competitive atmosphere.

PHILOSOPHY

Athletics is to occupy a position in the curriculum comparable to that of other subjects, activities, and events. VCS is dedicated to providing a Christ-centered education so that players will pursue the goal of achieving excellence with character. Our athletic program is more than competition between two teams representing different schools; it is an ongoing educational and relational experience between the coach and the players through practice, games, travel, training and socializing. Participation in VCS sports contributes to character building, physical and spiritual development, perseverance, mental toughness, a sense of achievement, self-esteem and sportsmanship.

ATHLETE CONDUCT AND EXPECTATIONS

An athlete's conduct is expected to be above reproach on and off campus. Each player is expected to conduct themselves according to Christian principles. Any conduct not worthy of the mission of Village Christian Schools will not be tolerated and may result in immediate dismissal from the team and possibly from school. We believe that athletes who do well off the field will be equally if not more successful on the field. The personal discipline and ethics of each VCS player should reflect the dedicated pursuit of excellence. Each relationship – with teammates, coaches, parents, fans, or officials – should reflect a positive and productive Christian attitude. Respect and self control *must* prevail in the home and classroom and on the field of play even through the most intense game situations. Crusader athletes are expected to take pride in their appearance as individuals and as team members. No extreme or trendy fashion statements with hair or clothing are allowed. Dress to the highest standards possible in a demonstration of discipline, respect and good grooming. Athletes are highly visible representatives of Village Christian Schools. Do not let your teammates, coaches, or school down. Players are expected to inform family and friends that practice and game fields/courts are a place of concentration and hard work. Socializing and visiting with friends and family is not to occur at practice or during games.

ACADEMICS AND ELIGIBILITY

Students must meet requirements in order to participate in practices and/or games. These requirements are set down by the governing boards of the CIF-SS and of Village Christian Schools. Students must meet all criteria for eligibility, including financial, physical, academic, school attendance and conduct both on and off campus.

To be academically eligible for athletics, dance or cheer a student must maintain a 2.00 GPA without any failing grades. Eligibility is checked at interims (mid-quarter) and at the end of each quarter. Students who are academically ineligible remain so until the end of the grading period. A student who fails a class or has a GPA below 2.00 at the end of the second semester must make up the failing grade in summer school to be eligible for fall athletic activities. Students who are ineligible may not leave campus early to attend athletic events. Ineligible athletes must attend all daily classes.

A student who misses the majority of his classes because of illness may not participate in practice that day. Any participation in practices, games, productions, or competitions by students who miss school due to illness must be approved by the principal.

Students entering high school from 8th grade must have achieved a 2.00 GPA at the conclusion of the previous grading period to be academically eligible in the fall.

Athletes are expected to be present at *all* classes, practices, conditioning sessions, team meetings, and games throughout the season. Be on time and be prepared to practice or play. Unexcused absences or tardiness will be handled by team rules.

Athletic Absence Policy:

Student-athletes are required to meet with their teacher(s) prior to leaving school early for athletic competitions. Student-athletes must turn in all assignments due on the day of the competition and make arrangements to complete all assignments, including tests and/or quizzes, missed during the period(s) absent. Teachers may require a student-athlete to take a test or quiz before the scheduled dismissal time. Student-athletes who fail to comply with these requirements may earn zeroes on work missed due to absence. Sports schedules are planned months in advance and student-athletes have ample time to make arrangements with their teacher(s) prior to missing class for an athletic competition.

Transfer Eligibility:

Students who transfer from one CIF high school to another must complete the required CIF paper-work and be approved by the CIF before participation in practice or games. A meeting with the athletic director is required of ALL transferring students and should be made immediately upon acceptance to VCS.

PE/ELECTIVE CREDIT

All students that are on a team roster will be enrolled in "Athletics" for PE or elective credit. High school students will receive one semester of PE credit for participation of one season of sport (Varsity, JV and Frosh). Students may only receive credit for two sports per year and a total of four sports for PE credit. Four additional sports may be used for elective credit. Successful participation in four seasons of sport within four years will cover their PE requirement for graduation. Students may choose to take a PE class while playing a sport. Students who drop a sport, other than for medical reasons, later than six weeks after the official CIF start date for the season will not receive PE credit and the class will show as a "Withdraw F" on their transcript. Credit for PE will be made up with another sport or in their Junior and/or Senior year. Any student dropped from a team for disciplinary reasons will result in an "F" grade for that semester.

"Athletics" will show on a student's schedule as meeting daily during eighth period, but student athletes will not necessarily meet daily during that time. For example, students may show as enrolled in basketball all of first semester, but practices for basketball might not officially start until November. Once practices begin, the students will be expected to participate past the end of eighth period. Practice and game schedules will be determined by the coach and are posted on the VCS website.

TEAM UNIFORMS AND EQUIPMENT

A Spirit Pack consisting of practice and game equipment and/or attire will be purchased by each and every player *before* the first official practice. The spirit pack provides required equipment and clothing and ensures uniformity and a sense of team identity for practice and games. Each player will be issued one or two game uniforms. These uniforms

are the property of Village Christian Schools. Athletes will be held responsible for each part of the uniform assigned to them from the moment they are issued. If a uniform or part of a uniform is lost or damaged in any way, the athlete will be liable for replacement, repair and/or financial reimbursement to the school. Do not leave team uniforms or equipment unattended at any time. An athlete's grades and/or awards will be withheld until all VCS issued equipment and uniforms are returned to the coach in satisfactory condition.

TRAVEL

Travel itineraries will be available for each road game at www.highschoolsports.net Information about away games can also found in the athletic office. Communicating the travel itinerary to parents is the responsibility of the player. Each itinerary gives ALL the important information needed and answers most questions. Athletes will ride school transportation to and from away games. Players who plan to ride home from away games with their parents or another team member's parents must have WRITTEN parental consent submitted to the head coach. Phone calls are an unacceptable form of permission.

Athletes are to dress in VCS approved travel attire only, which may include game uniforms, team warm-ups, or other team attire as directed by the head coach and/or the athletic director.

SUMMER PROGRAM

VCS athletes are asked to participate in informal summer practices, weight training and conditioning clinics, and an occasional summer camp to sustain and/or develop their skills. VCS abides by all CIF-SS rules related to summer workouts and official "dead periods" for CIF-sanctioned sports.

THE COLLEGE BOUND STUDENT-ATHLETE

The athletic and counseling departments at VCS provide multiple forms of information related to college and university athletic programs. Athletes with the athletic and academic abilities and desire to compete at the college level are encouraged to see their coach, a counselor and/or the athletic director to schedule a meeting to discuss these goals.

CRUSADER CODE OF ETHICS

1. To emphasize the proper ideals of sportsmanship, ethical conduct and fair play.
2. To eliminate all possibilities which tend to destroy the best values of the game.
3. To stress the values derived from playing the game fairly.
4. To show cordial courtesy to visiting teams and officials.
5. To establish a respectful relationship between visitors and hosts.
6. To respect the integrity and judgment of sports officials.
7. To achieve a thorough understanding and acceptance of the rules of the game and the standards of eligibility.
8. To encourage leadership, use of initiative and good judgment by the players on a team.
9. To recognize that the purpose of athletics is to promote the physical, mental, moral, social, and emotional well being of the individual players.
10. To remember that an athletic contest is only a game - not a matter of life and death for player, coach, school, officials, fan, community, state or nation.

PROHIBITION AGAINST HAZING AND INITIATION

No student, or other person in attendance, at any public, private or parochial school, or any event or activity associated with any public, private or parochial school, shall conspire to engage in hazing, participate in hazing, or

commit any act that causes or is likely to cause bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any fellow student or person attending or associated with the institution. Hazing and initiation includes any method of initiating or reinitiating into a student organization, or any pastime or amusement engaged in with respect to such an organization, which causes or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm. Hazing and initiation does not include customary athletic events or similar contests or competitions approved by the school administration. Any infraction will result in consequences that will be appropriate and consistent with school policy as determined

by the administration.

ATHLETIC POLICY REGARDING ALCOHOL, TOBACCO and OTHER DRUGS (ATOD)

Participating in athletics at Village Christian Schools is a privilege. As a VCS athlete you represent the school to the community and other schools against whom we compete, and as such are expected to maintain high standards of behavior. While participating in any athletic program at VCS, athletes are required to abide by the current school ATOD policy (see Student/Parent Handbook pp. 15 – 18*) along with our athletic ATOD policy which states:

“If you are present at a party or a gathering where any of these behaviors are occurring, whether you are participating in the activity or not, and you do not remove yourself immediately from the situation, you will be subject to suspension from one or more contests (games/meets/matches) and/or removal from the team.”

**The Student/Parent Handbook is given to every high school student and can be found online at*

www.villagechristian.org.

Rev.2009/10

VILLAGE CHRISTIAN ATHLETICS

ATHLETE/PARENT HANDBOOK

I have received a copy of the Athlete/Parent handbook and agree to review the information contained in it. I will adhere to all policies and procedures contained in this handbook.

Student's Name (Print)

Student's Signature

Date

Parent's/Guardian's Name (Print)

Parent's/Guardian's Signature

Date



10932 Pine Street Telephone: 562-493-9500
Los Alamitos, California 90720 Fax: 562-493-6266

Code of Ethics - Athletes

Athletics is an integral part of the school's total educational program. All school activities, curricular and extra-curricular, in the classroom and on the playing field, must be congruent with the school's stated goals and objectives established for the intellectual, physical, social and moral development of its students. It is within this context that the following Code of Ethics is presented.

As an athlete, I understand that it is my responsibility to:

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials and coaches.
3. Respect the integrity and judgment of game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow all state, section and school athletic rules and regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All member schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (Article 523).

By signing below, both the participating student athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We recognize that under CIF Bylaw 202, there could be penalties for false or fraudulent information.

We also understand that the **Village Christian**(school/school district name) policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Printed Name of Student Athlete

Signature of Student Athlete Date

Signature of Parent/Caregiver Date

A copy of this form must be kept on file in the athletic director's office at the local high school on an annual basis and the Principal's Statement of Compliance must be on file at the CIF Southern Section office.

Revised 7/09

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

Name of Student: _____

Name of School: Village Christian Schools – 8930 Village Ave. Sun Valley, CA 91352

Date of Birth: _____ Place of Birth: _____

This application to compete in interscholastic athletics for Village Christian Schools is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the California Interscholastic Federation (CIF).

Signature of Student: _____ Date: _____

PARENT'S OR GUARDIAN'S RELEASE FOR ATHLETICS PARTICIPATION

I hereby give my consent for the above named student (1) to represent his/her school in athletic activities and (2) to accompany any school team of which s/he is a member on any of its local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting in its behalf or the CIF responsible for any injury occurring to the above named student in the course of such athletic activities or travel.

Signature of Parent or Guardian: _____ Date: _____

Address: _____ City/Zip Code: _____

Home telephone: () _____ Work Phone: () _____

Cellular Phone: () _____ Emergency Phone: () _____

PARENT TO COMPLETE:

If the student has health or accident insurance, other than C.I.F.P.F. coverage, list company name, policy number, and local claims address.

(COMPANY NAME) (POLICY NUMBER)

(CLAIMS OFFICE ADDRESS)

Note: Village Christian and the CIF Southern Section require that students return this completed form prior to the first day of practice for any interscholastic sport.

Preparticipation Physical Evaluation

DATE OF EXAM _____

HISTORY FORM

Name _____ Sex _____ Age _____ Date of birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below.

Circle questions you don't know the answers to.

- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|--|-------------------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 24. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 25. Is there anyone in your family who has asthma? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 26. Have you ever used an inhaler or taken asthma medicine? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies to medicines, pollens, foods, or stinging insects? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 28. Have you had infectious mononucleosis (mono) within the last month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 29. Do you have any rashes, pressure sores, or other skin problems? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 30. Have you had a herpes skin infection? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a head injury or concussion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (check all that apply): | | | 32. Have you been hit in the head and been confused or lost your memory? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> High blood pressure | | | 33. Have you ever had a seizure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> High cholesterol | | | 34. Do you have headaches with exercise? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> A heart murmur | | | 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> A heart infection | | | 36. Have you ever been unable to move your arms or legs after being hit or falling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 37. When exercising in the heat, do you have severe muscle cramps or become ill? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 39. Have you had any problems with your eyes or vision? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40. Do you wear glasses or contact lenses? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 41. Do you wear protective eyewear, such as goggles or a face shield? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 42. Are you happy with your weight? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 43. Are you trying to gain or lose weight? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 44. Has anyone recommended you change your weight or eating habits? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 45. Do you limit or carefully control what you eat? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 46. Do you have any concerns that you would like to discuss with a doctor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/ shin	Ankle	Foot/ toes

20. Have you ever had a stress fracture? Yes No
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
22. Do you regularly use a brace or assistive device? Yes No
23. Has a doctor ever told you that you have asthma or allergies? Yes No

FEMALES ONLY

47. Have you ever had a menstrual period? Yes No
48. How old were you when you had your first menstrual period? _____
49. How many periods have you had in the last 12 months? _____

Explain "Yes" answers here: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ (_____/_____) _____

Vision R 20! _____ L 20! _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues

	Yes	No
1. Do you feel stressed out or under a lot of pressure?	<i>I</i>	<i>I</i>
2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days?	<i>I</i>	<i>I</i>
3. Do you feel safe?	<i>I</i>	<i>I</i>
4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke?	<i>I</i>	<i>I</i>
5. During the past 30 days, did you use chewing tobacco, snuff, or dip?	<i>I</i>	<i>I</i>
6. During the past 30 days, have you had a least 1 drink of alcohol?	<i>I</i>	<i>I</i>
7. Have you ever taken steroid pills or shots without a doctor's prescription?	<i>I</i>	<i>I</i>
8. Have you ever taken any supplements to help you gain or lose weight or improve your performance?	<i>I</i>	<i>I</i>
9. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc.	<i>I</i>	<i>I</i>

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.
*Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print!type) _____ Date: _____

Address _____ Phone: _____

Signature of physician _____, MD or DO