



Kris Munro
Superintendent
Of Schools

Molly Parks
Assistant Superintendent
Human Resources

Jim Monreal
Assistant Superintendent
Business Services

Dorothy Coito
Assistant Superintendent
Educational Services

Santa Cruz City Schools Pre-Participation Physical

To Be Completed by Physician / Ser Completado Por el Médico

Athlete's Name: _____ Date: _____

Height: _____ Weight: _____ BP: ____ / ____ Pulse: _____ Vision: Right 20/____ Left 20/____ Corrected

Medical	Normal	Abnormal
Skin		
Eyes / Ears / Nose / Throat		
Lymph Nodes		
Heart		
Pulse		
Lungs		
Abdomen		
Genitalia (Males Only)		
Musculoskeletal	Normal	Abnormal
Neck		
Back		
Shoulder / Arm		
Elbow / Forearm		
Wrist / Hand		
Hip / Thigh		
Knee		
Leg		
Ankle / Foot		

_____ Cleared for All Activities _____ Not Cleared for All Activities Due to _____

Physician Name _____ Physician Signature: _____

Date: _____