

PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Health Services



PHYSICAL EXAMINATION REPORT

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Grade \_\_\_\_\_

A physical examination of this student was performed on (*Date*) \_\_\_\_\_.

He/she is physically fit to participate in all athletics.\*

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

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**VALID ONLY WITH PHYSICIAN'S STAMP**

Telephone: \_\_\_\_\_

\* California Interscholastic Federation (CIF) policy 308 states . . . "schools will require that a student receive an annual physical examination conducted by a medical practitioner certifying that the student is physically fit to participate in athletics. . . . The physical examination must be completed before a student may try out, practice or participate in interscholastic athletic competition..."

PVPUSD accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse practitioner with a MD's stamp.