



Vista Medical Associates

4944 Sunrise Blvd, Suite H, CA 95628

Ph: 916-966-8158 Fax: 916-966-8118

Email: office@vistamedcare.com

Sports Physical (CIF-Compliant) - Medical History

Name:

DOB:

School:

Grade:

Chest pain with exercise?

Fainting or dizziness?

Heart condition diagnosed?

Asthma or inhaler use?

History of concussion?

Bone or joint injury?

Family history sudden cardiac death (<50)?

Do you have a Primary Care Physician?

Yes

No

Interested in Primary Care at Vista?

Yes

I certify information is accurate. I consent to exam and authorize release to school/athletic org.

Parent/Guardian Signature:

Date:



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Physician Examination & Clearance

Height:

Weight:

BP:

Pulse:

Heart:

Lungs:

Musculoskeletal:

Cleared for sports

Cleared with restrictions

Not Cleared

Notes:

Provider Name:

Signature:

Date: