ATTENTION WISEBURN-DA VINCI WOLVES

IT'S TIME TO GET PHYSICAL

School & Sports Physicals

GET READY FOR A SEASON OF HEALTHY COMPETITION.

If your teen needs a physical exam for school or sports, we can help you ensure they are in good shape and ready for some healthy fun. Making sure you are healthy before participating in physical competition is the first step to victory, no matter your sport.

REGULAR PRICE $65

$30 THS PROMOTION SPORTS PHYSICAL

AFC Urgent Care is proud to support Wiseburn Da Vinci School students by reducing the cost of Sports Physicals between August 5th - August 19th.

Receive an **additional $5 off** when you book your appointment on-line*

$45 SUMMER SPECIAL

Unable to book during the promotion?
No worries!
Book your appointment between
June 15th and August 15th
for your Summer Special!

**$5 off is during the promotional dates ONLY*

Book your appointment today for your **$25 SPORTS PHYSICAL**

Patient Services

- Sports Physicals
- X-rays
- Clinical Lab Testing
- STD Testing
- Routine Check-ups
- Flu Shots

and more...

Medi-Cal, MediCare and most private insurances.

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The Right Care. Right Now.

WISEBURN DA VINCI HIGH SCHOOL PHYSICAL SCREENING FORM

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SPORT:_____ SCHOOL **WISEBURN DA VINCI** DATE:_____

PRINT: Last Name First Name M.I. Grade Age Date of Birth

Address City Zip Code

HEALTH HISTORY *(To be completed by student or parent):*
Check and give as much information as possible **Y = yes, N = no**

____Heart Trouble ____High Blood Pressure ____Asthma ____Diabetes

____Kidney Problems ____Head Trauma ____Seizures ____Other (List below)

History of any previous injuries, fractures, serious illnesses or operations (Give year of problem)

Current medications Allergies Last Tetanus Immunization

Signature of Parent or Guardian:_____

PHYSICAL EXAMINATION **(To be completed by physician):**

Height:_____Weight:_____Temp:_____Blood Pressure:_____Pulse:_____Respirations:_____

Visual Acuity: O.D.____/____ O.S.____/_____ ( ) Corrected ( ) Uncorrected L.M.P._____

( )Chest Pain ( )Extreme S.O.B. ( )Dizziness ( )Fatigue ( )Palpitations ( )Sudden Death of Family Member

	NORMAL		
		10. MUSCULOSKELETAL, ROM, STRENGTH	
		NECK	
1. EYES		SPINE	
2. EARS, NOSE, THROAT		SHOULDERS	
3. MOUTH AND TEETH		ARMS/HANDS	
4. NECK		HIPS	
5. CARDIOVASCULAR		THIGHS	
6. CHEST AND LUNGS		KNEES	
7. ABDOMEN		ANKLES	
8. SKIN		FEET	
9. GENITALIA-HERNIA(MALE)		11. NEUROMUSCULAR	

ABNORMAL FINDING:_____

RECOMMEND: ( ) **Full Activity**, No Restrictions Recommend: ( ) Vision Evaluation ( ) Tetanus Booster

( ) Accept, Restrictions: ( ) No contact sports ( ) Other:_____

( ) **Not Participate**

EXAMINING PHYSICIAN:_____ License#:_____ Date:_____

Address:_____ **Doctor's Stamp here:**

Phone #:_____

❋ ❋ ❋ ❋ ❋ ***THIS FORM MUST BE SIGNED*** ❋ ❋ ❋ ❋ ❋