Student ID Sport(s)

Fontana Unified School District Participation Physical Evaluation

Part 1 - Physical Examination Form 622 be dissorbe table by abrilled (MD) 80 steep a 42 id Physicia) T(EO) 376 side 22 Assisted at 9(0) set 22 id h) 166 dr (NP))

Name:				Birthdate:	Birthdate:	
Gender:			Height:	Weight:	Pulse:	/
Vision [.] R	/20	ı	/20	Corrected with glasses or contacts: Y	ND 18\$Da198 05 63 3 ¥P	ND 18\$Da198 088 75 635

PHYSICIAN'S OFFICE STAMP (Physical will not be valid without the stamp below)