

17. Any loss or seriously impaired function of any paired organ for example;

(Eyes , Lungs , Kidneys , or Testicles) YES NO

18. Do you have or have you ever had Asthma/Hay Fever Allergies?

YES NO

If yes, to what? _____

19. Do you have or have you had any of the following:

Diabetes? YES NO

Heart Disease (rheumatic fever, high blood pressure, murmurs?) YES NO

Epilepsy? YES NO

Abnormal bleeding tendencies? YES NO

Kidney disease? YES NO

Tuberculosis? YES NO

Stomach/Intestinal trouble? YES NO

Arthritis? YES NO

Please elaborate below on any of the above questions with a "yes" answer & explain any surgeries including the year:

Doctor's Name Office Phone Number Fax Number

Doctor's Mailing Address City State Zip

Height -	Neck -	Eye/Ear -	Extremities -
Weight -	Abdomen -	Knees -	Immunization -
Pulse -	Back -	Heart -	Nose/Throat -
B.P. -	Genitalia -	Lungs -	

Comments: _____

Doctor's Signature: _____

Date: _____

**Return to: Gina R. Tollison, Senior Secretary
West Hills College Coalinga
300 West Cherry Lane
Coalinga, CA 93210**

ORIGINAL KEPT IN ATHLETIC DEPARTMENT

Mark Gritton, Director of Athletics, P.E. & Health Ed.
West Hills College Coalinga
300 West Cherry Lane - Coalinga, CA 93210
office (559) 934-2455 fax (559) 934-0611
email: markgritton@whccd.edu
website: www.westhillsfalcons.com