

In an effort to safeguard the health and well being of our students, an annual physical examination by a qualified health professional is required of all those who participate in the program of athletics offered by our school. This examination must be rendered after June 1st preceding the school year concerned. This form will be kept on file in the school office. Please print or type all information.

Name of Student _____

Address _____

Phone _____ Birth date _____

Grade in School _____

This section to be filled out by the examining health care professional.

Is there any past injury or illness that would prohibit or limit this student's participation in the program of athletics? (If yes, explain.)

Is there any present injury, illness, or condition that would prohibit or limit this student's participation in the program of athletics? (If yes, explain.)

I certify that I have on this date examined this student and find him/her physically able to compete in all of the sports activities **NOT** ~~CROSSED OUT~~ BELOW:

Cross Country Volleyball Basketball Track and Field

Signed _____

Date of Examination _____

Physician's Address _____

Physician's Phone _____