CATHOLIC SCHOOL LEAGUE — PHYSICAL EXAMINATION FOR ATHLETES

Valid for one calendar year from date of examination, subject to reexamination should there be evidence of physical deterioration or impairment during calendar year.

Student's Name: _____
(Print) LAST FIRST MI SCHOOL CITY

Grade_____ **Age**_____ **Height**_____ **Weight**_____ **Blood Pressure**_____

Significant Past Illness or Injury _____

_____

_____

Eyes_____ **Vision**_____ **Ears**_____ **Hearing**_____

Respiratory_____

Cardiovascular_____

Liver_____ **Spleen**_____ **Hernia**_____

Musculo-skeletal _____

Neurological_____

Laboratory Urinalysis _____

Completed Immunizations: **Polio**_____ **Tetanus**_____ **Other**_____

Comments:_____

_____

_____

PLEASE INDICATE APPROVAL OF CHILD'S PARTICIPATION IN THE FOLLOWING:

Boys Volleyball _____ **Boys Basketball** _____ **Track & Field** _____

Girls Volleyball _____ **Girls Basketball** _____ **Cheerleading** _____

PHYSICIAN: **I certify that I have on this date examined and found this student physically able to compete in the sports activity approved by the student's parent(s) or legal guardian and have so indicated with a check (✓) for each sport.**

_____

SIGNATURE OF PHYSICIAN / DATE **PRINTED NAME OF PHYSICIAN**