

**ARCHDIOCESE OF SAN ANTONIO**

**Physician's and Parent's Certificate for Athletics**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

**PHYSICIAN'S REPORT**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body Type \_\_\_\_\_

Eye \_\_\_\_\_ Ear \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Hearing \_\_\_\_\_

Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Lungs \_\_\_\_\_

Joint Function: Shoulders \_\_\_\_\_ Elbows \_\_\_\_\_ Hips \_\_\_\_\_ Knees \_\_\_\_\_

Dental (Cavities, Bridges, False Teeth, Retainer, Appliance) (Circle defect)

Other \_\_\_\_\_

Genitourinary \_\_\_\_\_ Hernia \_\_\_\_\_

Is student taking any medications routinely ? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

I hereby certify that on this date I have examined the above named student as indicated by items checked and recommend him/her as being physically able to participate in all the supervised activities listed with the **EXCEPTION** of those circled below:

- |          |            |              |               |            |
|----------|------------|--------------|---------------|------------|
| BASEBALL | BASKETBALL | CHEERLEADING | CROSS COUNTRY | FOOTBALL   |
| SOCCER   | SOFTBALL   | TENNIS       | TRACK & FIELD | VOLLEYBALL |

Date \_\_\_\_\_ Signature of examining Physician \_\_\_\_\_

\*\*\*\*\*DO NOT DETACH \*\*\*\*\*DO NOT DETACH \*\*\*\*\*

I hereby give permission for the above named student to compete in Archdiocesan approved sports, and go with the coach or other school representative on any trips. The parent herewith grants permission for school employees to secure medical services for the above named student if necessary. The undersigned agrees to be responsible in the safe return of all athletic equipment issued by the school to the above named student.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Evidence of Student Insurability:

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other Insurance Information: \_\_\_\_\_