

# HOLY CROSS ATHLETICS PHYSICAL EXAMINATION FORM

SCHOOL YEAR 20\_\_-20\_\_

**PHYSICAL EXAM FORM FOR TWO YEARS OF COMPETITION. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ATHLETICS. IN ALTERNATE YEAR, WHEN PHYSICAL IS NOT NECESSARY, ONLY THE TOP (PERMIT) PART OF THIS FORM MUST BE COMPLETED AND ON FILE WITH THE ATHLETIC DIRECTOR.**

Athlete's Name \_\_\_\_\_ Grade (Fall 2016): \_\_\_\_\_

School Name/Phone Number: \_\_\_\_\_

Athlete's Age at time of exam \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_

The above-named student has been examined and there are no apparent constraining indications to participating in interscholastic athletic activities, except as follows (if none, write none): \_\_\_\_\_

\_\_\_\_\_

If student/athlete is restricted or disqualified, please indicate reason(s): \_\_\_\_\_

\_\_\_\_\_ If approved for only one year of competition, check here: \_\_\_\_\_

Signature of licensed Physician: \_\_\_\_\_

Physician business address: \_\_\_\_\_

Physician phone: \_\_\_\_\_ Date of Examination: \_\_\_\_\_