



**OUR LADY OF LOURDES 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. DO NOT CUT OR DETACH ANY PORTION OF THIS FORM.

Athlete's Name _____ Grade (Fall): _____

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: _____