ST. EUGENE'S ATHLETIC PHYSICAL FORM

PHYSICIAN:

We will leave the decision up to you as to whether or not this child needs a full Athletic Physical or brief exam since you know him/her best.

To be completed by the physician:

I certify that_____has been examined by me and is in good physical condition and able to participate in all after-school sports. This examination has taken place on_____(on or after July 1st of current school year).

Signature of Physician: _____ Date: _____

Official Physician Stamp

Restrictions, if any:

_____

_____

_____

Please have this form validated by the physician with an office stamp before leaving the office.

PARENT OR GUARDIAN:

This Physician's form must be signed and filed with the school Athletic Director prior to participation in any practice or league event.