

**ST. LOUIS JUNIOR HIGH ATHLETICS
MEDICAL CERTIFICATE FOR ATHLETICS (BOYS & GIRLS)**

To: St. Louis Catholic School School Year: 2008-2009 Grade _____

Re: Participating Child _____ Birth Date _____

MEDICAL REPORT

Height _____ Weight _____ Body Type _____

Eye/Ear/Nose/Throat _____ Hearing _____

Heart _____ Blood Pressure _____ Lungs _____

Joint Function: Knees _____ Ankles _____ Feet _____

Shoulders _____ Elbows _____ Hands _____ Wrist _____

Dental: Cavities Bridges False Teeth (Circle defects) Others _____

Skin (Fungus/Staph) _____ Neuromuscular _____

Genito-Urinary _____ Hernia _____

Circle positive points and explain previous history of: Allergy / Head Injuries / Unconsciousness
Tetanus Immunization / Bone or Joint Disease and/or Injury / Heart Disease / Hypertension /
Renal Disease and/or Injury / Diabetes / Emotional Disturbance / Epilepsy

Explanation: _____

Is student taking any medications routinely? Yes _____ No _____

If yes, explain: _____

I certify that on this date I have examined the above student as indicated by items checked and recommend him/her as being physically able to participate in the supervised athletic activities that are circled below.

Football Volleyball Basketball Soccer Track Cheerleader

Signature of examining Physician

Date