

Athletics

Physicians Certificate

Name _____ Address _____ Birthday _____

Required (Absolutely necessary)

Recommended (Should be checked)

Date of exam _____

Urine: Spec. gravity _____

Height _____

Albumen _____

Weight _____

Sugar _____

General Posture _____

Caste _____

Heart: Murmur _____

Tonsils _____

Rhythm _____

Nose and Throat _____

Blood Pressure _____

Glands _____

Rate: Normal _____

Ears: Right _____

After 15 hops. _____

Left _____

After 2 mins. _____

Teeth _____

Hernia _____

Eyes: Right _____

Lungs _____ Percussion _____

Left _____

Ansulation _____

Blood Test _____

Orthopedic: Feet _____

Tuberculin Test _____

Spine _____

Other defects _____

Comments: _____

Athletic Participation Form

The above named student: Name _____ is fit to
participate in the competitive athletic program of Zion Lutheran School.

Boys: Soccer, Basketball, and/or Track

Girls: Basketball, Cheerleading, Volleyball, and/or Track

Signed: _____ M.D.

Date: _____