

**PHYSICAL EXAMINATION - CATEGORIES MAY BE ADDED OR DELETED
(TO BE COMPLETED BY PHYSICIAN - CHECK APPROPRIATE COLUMN)**

SYSTEM	NORM.	ABN.	SYSTEM	NORM.	ABN.
URINALYSIS			THYROID		
VISION			CHEST		
BLOOD PRESSURE			LUNGS		
PULSE RATE			HEART		
EARS			ABDOMEN		
NOSE			HERNIA		
THROAT			GENITALIA/TESTICULAR EXAM		
TEETH-CAVITIES			NEUROLOGIC		
ORTHOPEDIC			MUSCULAR		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below:

BASEBALL - BASKETBALL - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

A current year physical is one given on or after April 15th of the previous school year.

DATE: _____ **Signature of Examining Physician:** _____

**MEDICAL TREATMENT CONSENT
(TO BE COMPLETED BY PARENTS)**

I, _____, the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact me for my consent for emergency medical care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Date: _____ **Signature of Parent/Guardian** _____

This Form F (which is two pages) needs to be turned into our SJA Athletic Director by the first tryout or practice when attending athlete's first sports season appearance (i.e., fall, winter or spring). The physical must be dated April 15, 2006 or later and once the form is turned in, it is on file with the SJA Athletic Director for the entire 2006-07 fall, winter and spring sports season. Forms can be dropped off at the Parish Center or mailed to:

St. Joan of Arc Athletics
22415 Overlake
St. Clair Shores, Michigan 48080