



Physical Exam Release Form

If you choose to have your family physician complete the sports physical, this form must be completed by the physician and submitted to the John Bapst Athletic Department prior to participation in any sport for the school year.

Student Name: _____ Date: _____

The above-named student has been examined by me and is physically fit to participate in any/all interscholastic athletic activities during the current John Bapst academic year. This examination is valid for one year from the date of the exam.

Date of exam: _____

Examining physician's signature: _____

Physician's Name (printed): _____