



## PHYSICAL EXAM FORM

Every student athlete is required to have a current physical. Proof of that physical can be provided with official documentation from your child's physician or by completion of this form.

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): \_\_\_\_\_