

ST. JOHNSBURY ACADEMY

Physical Examination/Physician's Statement

Sports: _____

ANY STUDENT WHO HAS NOT HAD A PHYSICAL **WITHIN THE LAST YEAR** MUST HAVE THIS FORM COMPLETED AND **SUBMITTED TO THE NURSES OFFICE BEFORE** THE START OF HIS/HER SPORT SEASON. A STUDENT **ATHLETE MAY NOT PRACTICE WITHOUT AN UP-TO-DATE PHYSICAL**. NEW STUDENTS WITH UP-TO-DATE PHYSICALS MAY PROVIDE THEIR OWN COPIES OF THEIR CURRENT PHYSICALS **ATTACHED TO THIS FORM**
FAX TO: 802-748-7798

PLEASE PRINT:

(Last Name) (First Name) (M.I.) **GRADE:** _____

STREET: _____ CITY: _____

STATE _____ ZIP: _____ PHONE (_____) _____

Date of Birth: _____

NAME OF PARENT/LEGAL GUARDIAN: _____

PHYSICIAN'S STATEMENT

I CERTIFY THAT I HAVE ON THIS DATE EXAMINED THIS STUDENT AND THAT, ON THE BASIS OF THIS EXAMINATION AND THE STUDENT'S MEDICAL HISTORY AS FURNISHED TO ME, FOUND NO REASON TO RENDER SUPERVISED ATHLETIC ACTIVITY MEDICALLY INADVISABLE FOR THIS STUDENT.

LIST ANY LIMITATION THE ACADEMY SHOULD BE AWARE OF

NAME OF ATTENDING PHYSICIAN: **(Please Print)**

DATE OF EXAMINATION:

____ / ____ / ____

ADDRESS: _____

PHYSICIAN'S SIGNATURE

PHONE: _____