

**CHRIST THE KING LUTHERAN SCHOOL
SPORTS PHYSICAL FORM**

STUDENT'S NAME: _____ **GRADE:** _____

For use in compliance with provisions of the school athletic regulations.

To be completed by physician:

1. Heart Condition: **SATISFACTORY** **UNSATISFACTORY**
2. Lungs **SATISFACTORY** **UNSATISFACTORY**
3. Is there evidence of a hernia? **Yes** **No** Would athletic competition be injurious? **Yes** **No**
4. Is the general condition of feet, ears, eyes, and nose satisfactory? **Yes** **No**
5. Are there apparent cavities in any teeth? **Yes** **No** Is there a bridge or false teeth? **Yes** **No**

I certify that I have on this date examined the above student and recommend his/her as being physically able to compete in supervised athletic activities circled below:

CROSS COUNTRY	BASKETBALL	SOCCER	CHEERLEADING
VOLLEYBALL	SOFTBALL	TRACK	

Physician's Signature: _____ **Date:** _____

Physician's name: _____
(please print)

Address: _____ **City:** _____ **Zip:** _____

Phone: _____