

Physicals for the 2022/23 school year are no longer valid

**SAN JOSE CHRISTIAN SCHOOL
ATHLETIC PHYSICAL
EXAMINATION FORM**

**VALID PHYSICAL FOR 2023/24
MUST BE PERFORMED AFTER
JUNE 1, 2023**

Name: _____ DOB: _____

Height: _____ Weight: _____ Pulse: _____ BP _____/_____

Vision: R 20/_____ L 20/_____ Corrected Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

PHYSICIANS STATEMENT

An annual physical examination certifying that the student is physically fit to participate in athletics is required before a student may participate in SJCS' middle school athletics programs. I hereby certify that the above named student was examined by me and found physically fit to engage in SJCS' athletics for the current school year (2023/2024).

Date Examined: _____ Physician Name: _____

PLEASE PRINT or STAMP

Physician Signature: _____ Phone: _____

