



A *love* for God.  
A desire to *learn*.  
A commitment to *serve*.

# 2025-26 Physical Examination Form

*Valid physicals for 2025-26 Athletics must be performed after June 1, 2025.  
Physicals for the 2024-25 school year are no longer valid.*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_

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

Medical	Normal (✓)	Abnormal Findings	Initials
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
Musculoskeletal	Normal (✓)	Abnormal Findings	Initials
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

## Physician's 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. 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 (2025/2026).

Date Examined: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_