

Physicals for the  
2021/22 school year are  
no longer valid

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

**VALID PHYSICAL FOR 2022/23  
MUST BE PERFORMED AFTER  
JUNE 1, 2022**

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

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

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

	NORMAL	ABNORMAL FINDINGS	INITIALS
<b>MEDICAL</b>			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
<b>MUSCULOSKELETAL</b>			
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 (2022/2023).

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

PLEASE PRINT or STAMP

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

