



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

2026-27 Physical Examination Form

*Valid physicals for 2026-27 Athletics must be performed after June 1, 2026.
 Physicals for the 2025-26 school year are no longer valid.*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 (2026/2027).

Date Examined: _____ Physician Name: _____

Physician Signature: _____ Phone: _____