

PHYSICAL FORM FOR BJA ATHLETICS

Student's name _____

Grade _____ Age _____

Preexisting medical conditions

Eyes _____ Right 20/ _____ Left 20/ _____

Respiratory _____ Cardiovascular _____

Abdomen _____ Musculoskeletal _____

Other _____

Comments _____

I certify that I have, on this date, examined this student and found him or her physically able to compete in the following supervised activities: Basketball Cheerleading Cross Country
 Soccer Volleyball Golf

Date of examination _____

Physician's signature _____

Physician's address
