

St. Francis of Assisi Elementary School

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Health Verification for School Athletic Programs

Students are required to have a Health Verification Form on file *prior* to participation in any school sports program. Health Verification Forms are valid for up to (1) year from date of physician's signature.

Student Name _____ Grade _____
(Please print)

Physician _____ Ph. No. _____
(Please print)

Evaluation/Assessment	Normal	Abnormal	Not Given
Health & Development History			
Physical Examination			
Nutrition Evaluation			
Hematocrit or Hemoglobin			
Urinalysis			

Please specify any/all conditions, limitations, or abnormalities that will affect student's performance as an athlete:

Result of Diagnostic Examination

- No conditions were found in this examination that are of importance to this student's physical activity or participation in sports.
- Conditions found in this examination which may be of importance are listed in the space provided above.

Physician's Signature _____ Date _____

This Health Verification is no longer valid after _____ 20 _____
(Month) (Year)