

ST. FRANCIS OF ASSISI CATHOLIC ELEMENTARY SCHOOL 2011 - 2012

HEALTH VERIFICATION FOR SCHOOL ATHLETIC PROGRAMS

Student (please print) Grade _____

Physician (please print) Phone _____

Evaluation/Assessment	Normal	Abnormal	Not Given
Health and 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