

**Diocese of Monterey
St. Patrick School**

COMPETITIVE SPORTS – PHYSICAL EXAMINATION
(To be completed by physician)

Name of Student _____
(Please print) (Last) (First in full)

Grade _____; Age _____; Height _____; Weight _____; Blood Pressure _____;

Eyes _____ R 20/ ; L 20/ ; Ears _____;

Respiratory _____;

Cardiovascular _____;

Liver _____; Spleen _____; Hernia _____;

Musculoskeletal _____; Skin _____;

Neurological _____; Genitalia _____;

Laboratory: Urinalysis _____; Other _____;

COMMENTS: _____

I certify that I have, on this date, examined this pupil and find him/her physically able to compete in supervised athletics NOT CROSSED OUT BELOW:

BASKETBALL TRACK VOLLEYBALL CROSS COUNTRY

Date of Exam _____ Signed _____
(Examining Physician)