

**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:

**FLAG FOOTBALL    BASKETBALL    TRACK    VOLLEYBALL    CROSS COUNTRY**

Date of Exam \_\_\_\_\_ Signed \_\_\_\_\_  
(Examining Physician)