

CENTRAL PRIVATE SCHOOL

225.261.3341 • 225.261.3490 fax
12801 Centerra Court • Baker, LA 70714

DOCTOR

HEALTH EXAMINATION FORM

In order to be eligible for practice or participation in all Interscholastic athletic contests, a student must receive and pass a medical exam prior to the sports season or at least once every 365 days by a physician licensed to practice medicine. A medical exam form must be on file in the school office for every student who practices or participates in Interscholastic athletics during that school year.

PLEASE PRINT			
Student's Name			Grade
Age	Weight	Height	Blood Pressure
Does Student wear: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Neither			
Respiratory			
Cardiovascular			
Liver	Spleen	Hernia	
MUSCULAR - SKELETAL			
Neck	Shoulder	Knee	
Ankle	Skin		
Neurological	Genitalia		
Comments			
COMPLETED IMMUNIZATIONS			
Polio Date	Tetanus Date	Other Date	
/ /	/ /	/ /	
SIGNIFICANT PAST ILLNESS OR INJURY			
Has this caused student to have surgery or treatment <input type="checkbox"/> No <input type="checkbox"/> Yes, explain on next line			
I certify that I have on this date examined this pupil and find him/her to be physically able to compete in the supervised sports NOT CROSSED OUT BELOW:			
FOOTBALL	BASKETBALL	BASEBALL	SWIMMING
VOLLEYBALL	WRESTLING	SOFTBALL	SOCCER
CROSS COUNTRY	GYMNASTICS	GOLF	OUTDOOR TRACK & FIELD
Date of Examination	Physician Signature (Examining Physician who is licensed to practice medicine)		Phone
/ /			()