

Fresno Adventist Academy



Sports Physical

Central California Conference of Seventh-day Adventists
Friendship Games Commission
California Interscholastic Federation

To Parents/Guardians:

This form must be completed before an athlete can participate in interscholastic practice, tryouts or contests. Your cooperation is appreciated.

Myrick "Coach" London
"Sports Ministry Director

TO BE COMPLETED BY THE STUDENT & PARENT

Student's Legal Name: _____ Date of Birth _____
First Middle Name Last

Grade Level for the school year 20__ - 20__ (Circle one) 5th 6th 7th 8th 9th 10th 11th 12th

Please check the following sports in which you have interest in:

- | | | | |
|--|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Running |

TO BE COMPLETED BY THE DOCTOR

_____ I hereby certify that I have examined the above-named student and there appears to be no medical reason why he/she is not able to compete in the supervised interscholastic activities checked below.

- | | | | |
|--|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Track & Field | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Running |

Doctor's Name _____ Phone: _____

Address _____

City/State/Zip _____

Doctor Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____



PHYSICIAN'S EXAMINATION*

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined
Skin			
Eyes, vision, glasses			
Ears, hearing			
Nose and throat			
Mouth, teeth, speech			
Glands			
Chest, lungs			
Cardiovascular, heart			
Abdomen, enlargement			
tenderness			
hernia			
Spine, back			
Scoliosis for Grade 7			
Posture			
Extremities			
Genitourinary			
Nervous System, reflexes			

Explain Abnormalities

Nutritional Status and general appearance of the child

Recommendations for additional medical or dental care

This student may participate in a normal physical education program, which includes such activities as running, jumping, tumbling.

Yes No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted:

Date _____

Physician's Signature _____

Address _____

* To be completed by the family physician and kept on file at the school for all children, a) entering this school for the first time, b) at seventh grade (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) when required by the Conference Board of Education.

Please turn over ➤