

V.J. and Angela Skutt Catholic High School

Athletic Physical Examination

Name		Grade	Date
Address		City	State Zip
Phone	Age	Sex: M / F	Weight Height
Blood Pressure	Pulse	Respiration	
	Normal	Abnormal	Comments
General Appearance			
Skin and Hair			
Eyes			
ENT			
Neck			
Chest and Lungs			
Heart			
Abdomen			
Genito-urinary			
Neuro			
Musculoskeletal			

I certify that I am qualified to conduct all phases of the health examination of the above-named student. I further certify that I have on this date examined the student and, on the basis of my examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities, **EXCEPT FOR THE RESTRICTIONS LISTED BELOW.**

Examiner Signature _____ **Date** _____

Examiner Address _____ **Telephone No.** _____

Orthopedic Examiner Signature _____ **Date** _____

Orth. Examiner Address _____ **Telephone No.** _____

Acceptable for Unrestricted Activity

Acceptable with Restrictions _____

Not Acceptable _____

