

ST. JOHN'S LUTHERAN CHURCH & SCHOOL

4231 183RD STREET, COUNTRY CLUB HILLS, IL 60478 | 708.799.7491 P | 708.799.4193 F

REV. DR. PETER DORN, PASTOR

ATHLETIC SPORTS PHYSICIAN CERTIFICATE

Student's Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: Male Female Birthdate: _____

PHYSICAL EXAMINATION	
Height	
Weight	
Blood Pressure	
Eyes – Abnormalities noted	
Visual Acuity	
Ears – Abnormalities noted	
Orthopedic	
Feet	
Nose	
Throat	
Glands	
Heart	
Lungs	
Hernia	
Urinalysis	
Blood Ct. or Hgb (if indicated)	
Other (Specify)	

This student is physically able to participate in extra-curricular sports activities. Yes No

Unrestricted: Yes No Modified: Yes (please detail below) No

Physician's Signature: _____ Date: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

NOTE: THIS FORM MUST BE COMPLETED EACH SCHOOL YEAR AND RETURNED BEFORE THE STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY SPORT RELATED PRACTICES OR EVENTS.

Signature of Parent/Guardian: _____ Date: _____

A \$25 ONE-TIME SPORTS ACTIVITY FEE IS DUE BEFORE A UNIFORM MAY BE ISSUED.

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ST. JOHN'S LUTHERAN CHURCH AND SCHOOL IS COMMITTED TO JESUS CHRIST AND THE SPIRITUAL GROWTH OF ALL GOD'S CHILDREN

07.25.2016