



St. Joan of Arc

CATHOLIC SCHOOL

Tradition with Vision

PHYSICIAN'S CERTIFICATE OF PHYSICAL FITNESS

(Name of Applicant)

_____ Male ___ Female
(Date of Birth)

Sport/sports student will be participating in.

INSTRUCTIONS TO PHYSICIAN:

Complete Part A

A. I hereby certify that I have examined the above-named student and find he/she is physically qualified for an elementary and/or junior high school athletic program.

(Date of Physical)

(Signature of Physician)

(Address of Physician)

