



Every 5th-8th grade student is required to undergo an annual physical examination to be eligible for participation in both P.E. and after-school sports.

Please ensure that a Licensed Physician fills out and signs this form. The submission deadline is the **first day of school, on August 26, 2025.**

Student's Name (please print): _____

Sex: _____ **Grade:** _____ **Birth date:** _____ **Phone:** _____

Please check the appropriate statements below:

_____ May participate in sports activities

_____ Normal Physical Education permitted

_____ Needs modified Physical Education with the following restrictions: _____

_____ **May NOT** participate in sports activities.

_____ May participate in most sports activities, but not in _____

List below any comments concerning conditions that should be called to the attention of the School or a statement concerning your evaluation of the general health of the student:

Name of Doctor's Office: _____
(Please print or office stamp)

Address: _____

Phone Number: _____

Signature of Physician

Date

Please return the completed form to the school office.