

CALVARY CHRISTIAN ACADEMY SPORTS PROGRAM

Physical Examination/Screening Form

Each child must have a yearly physical examination to participate in youth sports

(To be completed by parent/legal guardian)

Youth's Name:	Date of Birth:	Date of Last Physical:
Address:	Home Phone:	Work Phone:
Email:		

PHYSICIAN'S CONTACT INFORMATION

Physician Office/Group Name:
Address:
Phone Number:

(To be completed by physician)

	YES	NO
There are no medical problems for the youth named above that would prevent safe participation in school athletic events. He/she is medically qualified to participate in the Calvary Christian Academy Sports Program(s).		
Is vision correction required for participation? If YES, Glasses/Contacts (circle one)		
Are there health problems/chronic (on-going) health problems that may affect participation? (e.g. asthma, concussion, orthopedic issues, etc.) If YES, please provide detailed information about the specific health issue(s) and the effect on the athlete.		

It is important that coaches must be alert to children who have chronic (on-going) health problems

Date:	Printed Physician's Name:	Signature of Examining Physician:
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