



St. Elizabeth of the Trinity Athletic Department
St. Elizabeth of the Trinity School • 6040 W. Ardmore • Chicago, IL 60646

Athletics Physical Exam Form

Today's Date

Athlete's Name

Grade

Date of Last Tetanus:

Height:

Weight:

Allergies:

Medications:

Pertinent Facts:

Athletics Allowed:

All Sports: _____

Volleyball: _____ Football: _____ Cheerleading: _____ Cross-Country: _____ Soccer: _____

Basketball: _____ Track & Field: _____ Golf: _____

I hereby certify that I have examined the above student and there appears to be no medical reason why he/she is not physically able to compete in the supervised athletics checked above at St. Elizabeth of the Trinity School.

Physician's Name _____ Physician's Signature _____

Date of Last Physical: _____ Physician's Phone _____

PHYSICALS MAY NOT BE MORE THAN ONE YEAR OLD

Please return to: St. Elizabeth of the Trinity 6040 W. Ardmore Chicago, IL 60646