

Athletic Physical Form

Community Baptist Christian School

8331 Gratiot Rd. Saginaw, MI 48609
Phone 989.781.2340

Name of student

Grade for 2023-24

Date of birth (m/d/y)

Place of birth

Parental consent:

I hereby give my consent for the above mentioned student to engage in interscholastic athletics at Community Baptist Christian School during the **2023-2024** school year and to accompany the team as a member on its trips to play other schools.

(Please check one of the following statements.)

☐ We have _____ medical insurance; therefore, we will assume all cost in case of injury.

Signature of parent/guardian

Date

☐ We do not have medical insurance, but we will assume all cost in case of injury.

Signature of parent/guardian

Date

-----The following should be completed by a physician-----

Physical Examination

Please circle the appropriate answer:

- | | | |
|---|-----|----|
| 1. Is the heart condition satisfactory? | Yes | no |
| 2. Is the condition of the lungs satisfactory? | Yes | no |
| 3. Is there evidence of a hernia? | Yes | no |
| 4. Is athletic competition likely to be injurious? | Yes | no |
| 5. Is the general condition of feet, ears, eyes, and nose satisfactory? | Yes | no |

Heart rate _____ Blood pressure _____

Comments or limitations:

I certify that I have, on this date, examined the above mentioned student and recommend him/her as being physically fit for all sports, unless noted above.

Signature of physician

Date

*** This form must be returned to CBCS before school begins ***