

PHYSICAL EXAMINATION

Please have a licensed physician complete the following form or provide another form of documentation from a recent physical examination. Include this with the rest of the application. Please do not have your physician submit it directly.

To be Completed by the Student

Patient's Name: _____

Phone Number: _____

Address: _____

To be Completed by the Physician

I have examined this patient on _____
DATE OF LAST EXAMINATION

I have found the following:

- They may participate fully in physical activity consisting of cardiovascular, strength, and flexibility training without restrictions or limitations.
- They may participate in physical activity with the following limitations or restrictions:

Physician's Signature: _____ Date: _____

PLEASE NOTE: This record must be signed by the physician granting the clearance.