

**Key**

- ∅ No Defect
- ✓ Slight Defect
- X Marked Defect

**Illinois Elementary School Assn.**

**PHYSICIAN'S CERTIFICATE FOR ATHLETES**

If student transfers  
this card should be  
sent to new school.

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

REQUIRED:	20____	20____	20____	20____	RECOMMENDED	20____	20____	20____	20____
MONTH-DAY					URINE: Spec. Grav.				
HEIGHT					Albumen				
WEIGHT					Sugar				
GEN. POSTURE					Casts				
HEART: Murmur					TONSILS				
Rhythm					NOSE AND THROAT				
Blood Pressure					GLANDS				
RATE: Normal					EARS: Right				
After 15 Hops					Left				
After 2 Min.					TEETH				
HERNIA					EYES: Right				
LUNGS: Percussion					Left				
Auscultation					BLOOD TESTS:				
ORTHOPEDIC: Feet					TUBERCULIN TEST:				
Spine					OTHER DEFECTS				
CONTAGION:									

IN THE SPACE BELOW INDICATE ATHLETIC ACTIVITIES IN WHICH STUDENT SHOULD NOT PARTICIPATE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

PHYSICIAN PRINTED NAME: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_

**PARENT PERMISSION SECTION**

**Our son or daughter has our permission to take part in:**

**Cross-Country, Softball, Cheerleading, Poms, Soccer,  
Wrestling, Basketball, Volleyball, Track and Field Sports**  
(cross out those NOT approved)

**under the direction of the school during the year of**

**20\_\_\_\_ - 20\_\_\_\_**

**Physical examination must be done annually. Each exam is good for a one year period.**

**The school will take reasonable care and precaution to prevent accidents,  
but the school, or teachers, are not responsible if any accident  
should occur in practice or games.**

**I am in full accord with this agreement.**

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_