# Catholic Youth Organization

580 E. Stevens St.
Indianapolis, IN 46203
(317) 632-9311 F(317) 632-8767

# Athletic Physician Certificate

**THIS FORM IS TO BE TURNED IN TO THE TEAM COACH OR ATHLETIC DIRECTOR AND IS TO BE KEPT ON FILE AT THE PARISH OR SCHOOL**

## PHYSICAL EXAMINATION

**Date:** ____________________

Name: ____________________________________________ Age: ________ Date of Birth: ____________________

Height: ____________ Weight: ____________ BP: ________/________ Pulse: ____________

Vision: R 20/________ L 20/________ Corrected: Y N Pupils (Circle) Equal/Unequal R>L L>R

| | Circle (if option given) | Specific Findings |
|---|---|---|
| Marfan's syndrome stigmata | No Yes | |
| **Heart** | | |
| Rhythm | Regular Irregular | |
| Murmur (supine) | No Yes | |
| Murmur (standing) | No Yes | |
| | **Normal ❑** | **Specific Findings** |
| Lungs | | |
| Skin | | |
| Abdominal | | |
| Femoral Pulses | | |
| Genitalia/Hernia | | |
| **Musculoskeletal:** | | |
| Neck | | |
| Shoulders | | |
| Elbows | | |
| Wrists | | |
| Hands | | |
| Back | | |
| Knees | | |
| Ankles | | |
| Feet | | |
| Other | | |

Clearance:

A. Cleared
B. Cleared after completing evaluation/rehabilitation for: ____________________
C. Not cleared

Due to: ____________________

Recommendation: ____________________

____________________

____________________

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, **except those marked below**:

**Boys Sports:** Baseball, Basketball, Cross Country, Football, Soccer, Track, Wrestling

**Girls Sports:** Basketball, Cross Country, Soccer, Softball, Track, Volleyball, Kickball

Name of Physician: ____________________ Date: ____________

Address: ____________________

Phone: (________)____________________

Signature of Physician: ____________________

*(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)*