

**BETHESDA CHRISTIAN ACADEMY
PHYSICAL EXAMINATION FORM**

TO BE COMPLETED BY THE DOCTOR (Physician)

Student's Name: _____

Height: _____ Weight: _____ Blood Pressure: _____

Disease History: Allergies _____

Seizures _____

Comments: _____

Athletics Allowed: All sports _____ Baseball _____ Basketball _____

 Cheerleading _____ Soccer _____ Volleyball _____

I hereby certify that I have examined the above-named student and there appears to be no medical reason why he/she is not physically able to compete in supervised athletic activities checked above at Bethesda Christian Academy.

Doctor's Signature: _____

Please use hand stamp with signature

Date of actual physical: _____

If the physical is more than **one year old**, it is **NOT** acceptable.