

**CATHOLIC CENTRAL HIGH SCHOOL PHYSICAL EXAM AND ELIGIBILITY FORM**  
**ALL THREE SECTIONS OF THIS FORM MUST BE COMPLETED BEFORE STUDENT PARTICIPATES IN PRACTICE OR CONTESTS.**

**I. STUDENT INFORMATION** (To be completed by parent/guardian)  
**PLEASE PRINT**

Student Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Grade in Fall \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City & Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Is student subject to any of the following conditions:

	YES	NO	EXPLANATION
Epilepsy	_____	_____	_____
Fainting	_____	_____	_____
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Heart disease	_____	_____	_____
Head injury, seizures	_____	_____	_____
Knocked unconscious	_____	_____	_____
Other	_____	_____	_____

Medications \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**We have read and agree to all terms and conditions stated in**

**Section III on the reverse side of this form.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**II. PHYSICAL EXAMINATION** (To be completed by a health professional **after April 15** for school year beginning the following August.)

Weight \_\_\_\_\_ Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

NORMAL OTHER

Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Chest \_\_\_\_\_  
 Lungs \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 Posture \_\_\_\_\_  
 Hernia (males only) \_\_\_\_\_

**I have examined the above named student and in my opinion he/she may participate in all school organized athletics except those listed.**

Restrictions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE of health professional \_\_\_\_\_ Date \_\_\_\_\_

PRINT Name of health professional \_\_\_\_\_

### III. PERMIT TO PARTICIPATE IN ATHLETIC ACTIVITIES

I am familiar with the common hazards of sports and fully understand the danger associated with them. I hereby release and discharge Catholic Central High School, its agents, employees, and officers, from all liability whatsoever for personal injuries or damage to property arising out of the sports activities on the premises at school or at any location where games or practices are conducted or in transportation to or from practices or contests at other locations.

I understand that I am responsible for all equipment and uniforms issued to my athlete, and I personally guarantee to return it at the close of the season and to make restitution for any undue damage or loss of the equipment.

I hereby state that, to the best of my knowledge, all information given in Section I is correct. I understand **this physical exam is specifically for athletic competition** and is not a comprehensive health examination involving lab tests, x-rays, etc. If this exam is the school-sponsored exam, it should not replace a periodic physical by our family doctor.

I hereby give my consent for my son/daughter to engage in interscholastic athletics, and to accompany the school team, if a member, to game sites.

I understand the Athletic Code written in the Parent-Student Handbook contains additional eligibility information.

I hereby authorize the school/team physician and/or his designee to administer emergency care or medical treatment to my son/daughter in event of accident, injury, or illness.

I consent to the disclosure to the MHSAA of information otherwise protected by FERPA and HIPPA for the purpose of determining eligibility for athletics.

It is the responsibility of the parent or guardian to provide medical insurance coverage for the athlete in case of accidental injury.

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

The safety of your son/daughter is a primary concern in athletic participation at Catholic Central High School. All drills and techniques utilized by our athletic coaching staff are to improve athletic skills and not to injure an athlete or opponent.

**NOTE: This form must be received in the Athletic Office before a student is eligible to participate in any practices or contests.**

**All information in each of the three sections must be completed, along with the student, parent, and physician signatures in designated areas.**