

LYNDON INSTITUTE ATHLETICS PHYSICAL EXMINATION FORM



Any student who has not had a physical within the last year must have this form completed and submitted to the athletic administration office **before the start of the sport season.**

\*\*This is a Vermont Principals Association rule to ensure athletes are safe to participate.

Athlete name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

Does the athlete have an restrictions/ medical conditions for athletics we should be aware of?

(Asthma, diabetes, chronic nose bleeds etc.)      YES      NO

If YES please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of provider: \_\_\_\_\_

Phone number: \_\_\_\_\_

Practice address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is to certify that the above athlete has been examined by me and **IS** physically able to take part in athletics safely.

Provider signature: \_\_\_\_\_

Exam date: \_\_\_\_\_

**\*\*Physical exam must be dated or it will be deemed invalid\*\***