



Physical Form

St. Johnsbury Academy
Athletic Department
1000 Main Street,
St. Johnsbury, VT 05819
802-748-8171
stjacademy.org

Any student who has not had a physical within the last year must have this form completed and submitted to the nurse's office before the start of the sport season. A student athlete may not practice with an up to date physical. New students with up to date physicals may provide copies of their current physicals attached to this form. Please fax to 802-748-7798.

Name: _____ Grade: _____ DOB: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Name of Parent/Legal Guardian: _____

Sport: _____

HEALTH CARE PROVIDER'S STATEMENT

I certify that I have on this date examined the student listed above and that, on the basis of this examination, and the student's medical history as furnished to me, I have found no reason to render supervised athletic activity medically inadvisable for this student.

Please list any limitations of which St. Johnsbury Academy should be aware:

Name of attending Health Care Provider:

_____ Date of Exam: _____

Address: _____

Phone: _____ Health Care Provider's Signature: _____