



CHINESE CHRISTIAN SCHOOLS

Transforming Lives for the Glory of God

Interscholastic Athletic Medical Form

TO BE COMPLETED BY THE STUDENT

Name of Sport _____

Name _____
Last, First – Please Print

Year in High School 9th 10th 11th 12th
Circle One

Birth Date _____ Place of Birth _____ State _____

School Attended Last Year _____ Sex: M F
Circle One

Name of Physician _____ Physician's Phone Number _____

Physician's Address _____

Insurance Company: _____ Policy No.: _____

I hereby apply to participate in Interscholastic Athletics at Chinese Christian Schools. I agree to abide by the Constitution, Rules, and By-Laws of the California Interscholastic Federation, the North Coast Section, and the Bay Area Conference. CIF rules require that athletes have a physical form on file that is current. A physical is good for one calendar year. If your doctor gives physicals every two years, a form with a current date and physician signature must accompany a copy of the original physical form.

Student's Signature

TO BE COMPLETED BY THE PHYSICIAN

Name of Student/Patient _____ Height _____ Weight _____

Disease History: Allergies _____
Seizures _____

Comments: _____

Sports Allowed: Unlimited _____ Restricted _____

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 at Chinese Christian Schools.

Doctor's Signature _____ Date _____
Please use hand stamp with signature

Date of Actual Physical _____
(if different from above)