



*Educational Excellence in the Lasallian Tradition*

# La Salle Academy

*Conducted by the Brothers of the Christian Schools*

## **MEDICAL EXAMINATION FOR INTERSCHOLASTIC ATHLETICS**

**TO: ALL PARENTS AND GUARDIANS**

**FROM: Jerome Pannell, Athletic Director**

All La Salle Academy students who wish to participate in Interscholastic Sports at La Salle Academy **must have** this Medical Form on file, stating the student athlete is physically able to participate in certain athletic activities. *This form must include both the signature and physician stamp to be valid.*

This form must be returned to the Main Office before the student athlete participates in any sport, including **TRYOUTS! ALL FORMS MUST BE DATED AFTER JULY 1<sup>st</sup>**

\*\*\*\*\* *Do not cut or perforate in any way* \*\*\*\*\*

**Physicians: Please complete this entire form.**

***PLEASE PRINT AND USE PHYSICIAN STAMP BELOW***

*Please insert Physician Stamp in this box.*

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Office Telephone/Fax: \_\_\_\_\_

\_\_\_\_\_  
(Print Student's Name) Grade: \_\_\_\_\_

has been examined by me and may participate in the following sport(s): *(Please circle all that apply)*

Baseball	Basketball	Bowling	Handball	Soccer	Track & Field
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Please write any restrictions below:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, M.D.

(Physician's Signature)

Date: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE MAIN OFFICE.**

**ALL FORMS MUST BE DATED AFTER JULY 1<sup>st</sup>**