

ST. NORBERT ATHLETIC DEPARTMENT

St. Norbert School • 1817 Walters Avenue • Northbrook IL 60062-4534 • www.stnorbertschool.org

Physical Exam Form 2019/2020 Grades 4 through 8



Today's Date

Athlete's Name

Grade

Date of Last Tetanus:

Height:

Weight:

Allergies:

Medications:

Pertinent Facts:

Athletics Allowed:

All Sports:

Volleyball:

Football:

Cheerleading:

Cross-Country

Basketball:

Track & Field:

Golf:

I hereby certify that I have examined the above student and there appears to be no medical reason why he/she is not physically able to compete in the supervised athletics checked above at St. Norbert School.

Physician's Name*:

*(required)

Physician's Signature*:

*(required)

Date of Last Physical:

Physician's Phone*:

*(required)

PHYSICALS MAY NOT BE MORE THAN ONE YEAR OLD.

Please return to: **St. Norbert School**
ATTN: Health Office
1817 Walters Avenue
Northbrook, IL 60062-4534
Fax: (847) 272-5274