

CENTRAL LAKES COLLEGE
PHYSICIAN'S CERTIFICATE (Approved NJCAA)

I have examined _____ of Central Lakes College with results recorded as follows:

Heart _____ Height: _____

Blood Pressure _____ Weight: _____

Lungs _____ Age: _____

Hernia _____

Orthopedic Defects: Feet: _____

Spine: _____

As indicated by the above record, I herewith certify that this student has passed the above examination without qualifications, and is physically fit to participate in intercollegiate athletics.

Remarks: _____

Physician's Signature

Date

PHYSICAL INFORMATION FOR INTERCOLLEGIATE SPORTS

Name: _____ Date of Birth _____

Check appropriate sport:

<input type="checkbox"/> Baseball	<input type="checkbox"/> W, Basketball	<input type="checkbox"/> Softball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> M, Basketball	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> _____

s History of Previous Injuries' Student

<i>Check each item:</i>	<u>Yes</u>	<u>No</u>	<i>Check each item:</i>	<u>Yes</u>	<u>No</u>
Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	Knee injuries	<input type="checkbox"/>	<input type="checkbox"/>
Dislocations	<input type="checkbox"/>	<input type="checkbox"/>	Brain concussions	<input type="checkbox"/>	<input type="checkbox"/>
Severe sprains	<input type="checkbox"/>	<input type="checkbox"/>	Failed previous physical	<input type="checkbox"/>	<input type="checkbox"/>
Back injuries	<input type="checkbox"/>	<input type="checkbox"/>	Ever hospitalized due to injury	<input type="checkbox"/>	<input type="checkbox"/>
Any history of Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Any allergies or drug reactions	<input type="checkbox"/>	<input type="checkbox"/>
Taking any medication now	<input type="checkbox"/>	<input type="checkbox"/>			

Tetanus immunization: Most recent booster (date) _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy Number: _____ Deductible: _____

The above information is correct and to the best of my knowledge and belief: _____

Signature