Catholic Youth Organization
580 E. Stevens Street
Indianapolis, IN 46203
(317) 632-9311 F(317) 632-8767

Athletic Physician Certificate

This form is to be turned in to the Team Coach or Athletic Director and is to be kept on file at the Parish or School.

Physical Examination **Date**___________________

Name of Athlete/Camper ______________________ Age ______ Date of Birth ______

Height____________________ Weight____________________ BP__________/__________ Pulse____________________

Vision: R 20/_______________L 20/________________ Corrected: Y N Pupils (Circle) Equal / Unequal R >L L>R

	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal ☐	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia / Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Continued

Catholic Youth Organization
580 E. Stevens Street
Indianapolis, IN 46203
(317) 632-9311 F(317) 632-8767

This form is to be turned in to the Team Coach or Athletic Director, and is to be kept on file at the Parish or School.

1. Clearance:
   A. Cleared
   B. Cleared after completing evaluation/rehabilitation for:______________________________
   C. Not Cleared
      Due to:______________________________

Recommendation:______________________________
____
____

2. I hereby certify that this athlete/camper was examined by me. At this time, no physical condition was detected which reasonably be anticipated to render this athlete physically unfit to engage in any sport, eccept those marked below:

Boys Sports: Baseball, Basketball, Cross Country, Football, Soccer, Track, Wrestling

Girls Sports: Basketball, Cross Country, Soccer, Softball, Track, Volleyball, Kickball

____
Date

____
Name of Physician

____
Address City ST Zip

Phone (______)______________________________

Signature of Physician______________________________

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)