

**KEY**

- O No Defect
- ✓ Slight Defect
- X Marked Defect

# Illinois Elementary School Assn.

## PHYSICIAN'S CERTIFICATE FOR ATHLETES

If student transfers, this card should be sent to new school.

Name \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

REQUIRED:	19	20	20	20	RECOMMENDED	19	20	20	20
MONTH-DAY					URINE: Spec. Grav.				
HEIGHT					Albumen				
WEIGHT					Sugar				
GEN. POSTURE					Casts				
HEART-Murmur					TONSILS				
Rhythm					NOSE AND THROAT				
Blood Pressure					GLANDS				
RATE: Normal					EARS: Right				
After 15 Hops					Left				
After 2 Min.					TEETH				
HERNIA					EYES: Right				
LUNGS:Percussion					Left				
Auscultation					BLOOD TESTS:				
ORTHOPEDIC: Feet					TUBERCULIN TEST:				
Spine					OTHER DEFECTS:				
CONTAGION:									

IN THE SPACE BELOW, INDICATE ATHLETIC ACTIVITIES IN WHICH STUDENT SHOULD NOT PARTICIPATE:

19 \_\_\_\_\_

20 \_\_\_\_\_

20 \_\_\_\_\_

20 \_\_\_\_\_

EXAM BY:

1st : \_\_\_\_\_ M.D.

2nd : \_\_\_\_\_ M.D.

3rd : \_\_\_\_\_ M.D.

4th : \_\_\_\_\_ M.D.

### PARENTS' PERMISSION BLANK

Our son or daughter (named on reverse side of this card) has our permission to take part in:

- Cross-Country, Baseball, Softball, Wrestling, Basketball,
  - Volleyball, Track and Field Sports
- (cross out those not approved)*

under the direction of the school during the year of

19 \_\_\_\_\_ - 19 \_\_\_\_\_

19 \_\_\_\_\_ - 20 \_\_\_\_\_

20 \_\_\_\_\_ - 20 \_\_\_\_\_

20 \_\_\_\_\_ - 20 \_\_\_\_\_

The school will take reasonable care and precaution to prevent accidents, but the school, or teachers, are not responsible if any accident should occur in practice or games.

I am in full accord with this agreement.

1st year — Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

2nd year — Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

3rd year — Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

4th year — Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

*Physical examination must be done annually.  
Each exam is good for a one-year period.*