

BARTELSON ELEMENTARY SCHOOL
District No. 57
Bartelso, Illinois 62218

ELEMENTARY SCHOOL ATHLETIC HEALTH CERTIFICATE

Name and Address of Child _____

1. General physical condition _____

2. Nose and Throat _____

3. Respiratory System _____

4. Hernia _____

5. Heart _____

6. Any known or suspected tuberculosis in home _____

7. Are there any defects which, if the child engaged in strenuous athletics would likely cause further harm to the child?

8. Any other condition that might be reason to exclude the child from strenuous athletics?

Date of Examination _____

I hereby certify that I have examined this child and that I have found him/her to be in sufficiently good health to participate in grade school competition such as basketball, baseball, softball, volleyball, soccer, etc.

Height _____

Signed _____ M.D.

Weight _____

Address _____

Blood Pressure _____
