



SUNNYBROOK CHRISTIAN ACADEMY
ATHLETIC PHYSICAL FORM

>SCA students are required to have this form completed and on file in order to participate in any SCA athletic activities which includes conditioning, weight training, scrimmages, games and tournaments.

>Failure to comply will deem the athlete not eligible to play per SCA athletic requirements and T-CAL By-laws (section 6.08 Member School Responsibilities).

>The athletic physical form is strictly confidential and a copy of this form will be kept in the SCA administration office for the current school year.

>A physical examination must be conducted every school year and in accordance with SCA requirements and T-CAL By-laws.

Student name: _____
Gender: Male () Female () Birthdate: _____ Height: _____ Weight: _____
Pulse: _____ B.P. _____ Body Build _____
Skin _____ Body Fat % _____

PLEASE FILL OUT ALL AREAS:

Medical Term:	Normal	Abnormalities or Unusual findings	Not Examined
Eyes/Ears/Nose/Throat	() _____		()
Teeth/Lymph Nodes	() _____		()
Heart-Supine/Standing	() _____		()
Lungs	() _____		()
Abdomen	() _____		()
Chest	() _____		()
Genetalia (male only)	() _____		()
Muscular or Skeletal	() _____		()
Neck	() _____		()
Shoulders	() _____		()
Back/Spine	() _____		()
Elbows	() _____		()
Wrists/Hands	() _____		()
Hips	() _____		()
Knees	() _____		()
Ankles/Feet	() _____		()
Other	() _____		()

Primary Care Physician/Clinic: _____

Conducting Physician/Clinic: _____

Physician/Clinic Phone and email: _____

PLEASE SELECT ONE:

() Cleared for Participation () Not Cleared for Participation

() Cleared for Participation after completing the following, (i.e. rehabilitation etc additional comments)