

# ***ATHLETIC HEALTH CERTIFICATION FORM***

NAME OF ATHLETE \_\_\_\_\_

AGE \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ / \_\_\_\_\_

EYES: R-20/ \_\_\_\_\_ L-20/ \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

"I certify that I have on this date examined this athlete, and that on the basis of examination and the athlete's history furnished to me, I have found **no** reason which would make it medically inadvisable for this athlete to compete in the athletic programs at the Beatrice Campus of Southeast Community College during the **2011-2012** school year."

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE OF EXAMINATION \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_