

Physical Examination

Name		
Height:	Weight:	Blood Pressure

NORMAL

- General appearance
- Blood pressure
- Vision (Snellen) /
- Pupils: Equal? Yes No If not, relative size /
- Lymph nodes
- Lungs
- Heart
- Abdomen
- Genitalia Hernia Yes No
- Sexual development: Age appropriate _____
- Skin
- Neurologic
- Musculoskeletal exam

The following problems can be corrected by rehabilitation or receive medical treatment prior to participation _____

The above named student has been examined by me and I hereby certify that they may participate in competitive sports.

Examining Physician

Date

Saint Sylvester School Release

Physician Release

_____ has been examined by me on _____
Name of Student Date

And my examination has found no medical reason to preclude his/her participation in competitive sports.

Physician _____ Date _____

Parent Release

In consideration of _____, being allowed to participate in competitive sports, and Intending to be legally bound, I do hereby release and forever discharge the Roman Catholic Diocese of Pittsburgh, the Bishop of the Diocese, Catholic Institute, and St. Sylvester School of Brentwood, PA and/or St. Sylvester School Sports Club, their agents, and their successors, from any/all actions or suits in law or equity which I/we might hereafter have, by reason of injuries sustained by my child participating in sports or in transit to or from participation in sports.

Mother's Signature _____ Father's Signature _____

Mothers
Employer _____ Address _____ Phone _____

Fathers
Employer _____ Address _____ Phone _____

Hospitalization Covering Athlete

Other Coverage _____ Policy No. _____ Agreement Number _____

Please check if you do not have hospitalization coverage _____

Proof of medical coverage is required if an athlete to participate in sports. If no coverage exists, the student CAN NOT participate in athletics.

A parent permitting a student to participate in school athletics after coverage has terminated or without coverage will assume full responsibility for any medical claim resulting from an injury while participating in sports.

Coverage for injury resulting from athletic participation is specifically excluded from the Diocesan Insurance Programs.

However, the Diocese will provide payment up to \$1,000.00 toward the balance of athletic injury medical costs in excess of an individual's own coverage (Hospitalization, DPA, Major Medical, etc). This payment is subject to strict limitations and no claim will be considered without full information required. As in the past, expenses beyond one year of accident date are not eligible for expenses.

I have read the above and will comply.

Approved: _____
(Parent or Guardian's Signature)