

- KEY**
 No Defect
 Slight Defect
 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: | 20 | 20 | 20 | 20 | RECOMMENDED | 20 | 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: EXAM BY:

| | | | |
|----|-------|--|------|
| 20 | 1st : | | M.D. |
| 20 | 2nd : | | M.D. |
| 20 | 3rd : | | M.D. |
| 20 | 4th : | | M.D. |

PARENTS' PERMISSION BLANK

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

Baseball, Basketball, Volleyball, Track and Field Sports

(cross out those not approved)

under the direction of the school during the year of

20____ - 20____

20____ - 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.*