

# ST. NORBERT ATHLETIC DEPARTMENT

St. Norbert School • 1817 Walters Avenue • Northbrook IL 60062-4534 • www.stnorbertschool.org

## Physical Exam Form 2018 / 2019 Grades 4 through 8



Today's Date

Athlete's Name

Grade

Date of Last Tetanus:

Height:

Weight:

Allergies:

Medications:

Pertinent Facts:

Athletics Allowed:

All Sports:

Volleyball:

Football:

Cheerleading:

Cross-Country

Basketball:

Track & Field:

Golf:

**I hereby certify that I have examined the above student and there appears to be no medical reason why he/she is not physically able to compete in the supervised athletics checked above at St. Norbert School.**

Physician's Name\*:

\*(required)

Physician's Signature\*:

\*(required)

Date of Last Physical:

Physician's Phone\*:

\*(required)

**PHYSICALS MAY NOT BE MORE THAN ONE YEAR OLD.**

Please return to: **St. Norbert School  
ATTN: Health Office  
1817 Walters Avenue  
Northbrook, IL 60062-4534  
Fax: (847) 272-5274**