



Physical Examination Statement
(must include a copy of the physical exam form to be valid)

Name: _____ Student/Tech ID (if unknown, SSN): _____
Last First MI

NJCAA requires all student-athletes to undergo a complete physical examination and be certified as physically fit to participate in practice and play **prior to the first practice of the season, but within the most recent 12 month period.**

By signature, I certify that the above individual has been medically evaluated and deemed physically fit to participate in intercollegiate activities, such as baseball, basketball or volleyball.

The clinic or medical facility must attach a copy of the student’s physical examination record.

Clinic or Medical Facility _____ Phone Number _____

Printed Name of Examining Physician _____

Signature of Examining Physician _____ Date _____

Emergency Information

Allergies _____

Prescription Medication _____

Remarks _____
