



Crown Point Christian School Athletics

Form D

Physical Form

Student Information:

Name: _____

Date: _____

Address: _____

Date of Birth: _____

0 = No Defect

√ = Slight Defect

X = Marked Defect

| Required | Recommended |
|-----------------|--|
| Height | Urine |
| Weight | Tonsils |
| General Posture | Nose and Throat |
| Heart | Eyes |
| Lungs | |
| Orthopedic | In the space below, indicate any athletic activities in which student should not participate |
| Contagion | |

Physician's Signature

Crown Point Christian School
10550 Park Place
St. John, IN 46373
219-365-5694
219-365-5729 Fax

Date

Signed for 2012/13 School Year