

## Medical Clearance Form

All students wishing to participate in athletics at L.A. Baptist Middle School/ High School must have clearance from a qualified, medical practitioner. Physicals are valid for one calendar year.

Student Athlete \_\_\_\_\_ Birth Date: \_\_\_\_\_

Physician's statement:

I have examined the above named student and have found them fit to engage in athletic activity for L.A. Baptist Middle School/ High School. **DATE OF EXAMINATION:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Doctors Stamp

**\*Please make a copy for your records as L.A.B. will not be able to duplicate this form.**