



LEBANON
CHRISTIAN ACADEMY

Certification for Sports Participation
Interim Health History
Year _____

(To be completed by Physician)

Student's Name: _____

Date: _____

Date of Birth: _____

The student mentioned above had a physical examination on: _____

Findings were within normal limits and he/she may participate in _____

Sport

_____ No Restrictions.

_____ Some restrictions: _____

Physician's Signature

Date

Family Physician's Address