



# Rock Church Academy

Athletic Participation Physical Examination  
410-882-0807 | [athletics@rockchurchacademy.com](mailto:athletics@rockchurchacademy.com)  
[www.rockchurchacademy.com](http://www.rockchurchacademy.com)

**RCA requires a sports physical before a student can join any athletic team activities. Please provide the school a copy of a recent (within the past 12 months) sports physical, signed by the examining physician.** *Note: Most doctors have their own forms, or your doctor can use the lower half of this form as a template.*

Today's date: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Does the student have Asthma? \_\_\_\_\_ Does the student use an inhaler? \_\_\_\_\_

Does the student have Allergies? \_\_\_\_\_ Does the student carry an EpiPen? \_\_\_\_\_

Does the student take any medications that might impact sport participation? \_\_\_\_\_

Please list any significant past illnesses or injuries which might impact sport participation:

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Physician's Remarks

Height: _____ Ft. _____ In.	Blood Pressure: _____	Ankle: _____
Weight _____ lbs.	Pulse Rest: _____	Knees: _____
Eyesight R 20/ _____	Abdomen: _____	Hips: _____
Eyesight L 20/ _____	Lymphatics: _____	
Glasses _____	Hernia: _____	
Nose: _____	Spine: _____	
Throat: _____	Neck: _____	
Teeth: _____	Shoulders: _____	
Skin: _____	Elbows: _____	
Heart: _____	Hands: _____	
Lungs: _____	Feet: _____	

**Is the student cleared for physical activities? Circle one: Yes No**

**Comments:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician's Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_