



**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.**

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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 \_\_\_\_\_

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Emergency Information

Allergies \_\_\_\_\_

Prescription Medication \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_