



**TRINITY EVANGELICAL  
LUTHERAN CHURCH  
AND SCHOOL**  
CROWN POINT, INDIANA

*Together we hear, know and feed upon Jesus Christ, God's living Word,  
growing in Him and sharing Him to the glory of God.*



THE  
LUTHERAN CHURCH  
MISSOURI SYNOD

**Rev. David A. Easterday**  
Senior Pastor

**Rev. David P. Kipp**  
Associate Pastor

**John E. Schultz**  
School Principal

**Paul R. Wendt**  
Dir. of Christian Education

**Karol Ketcher**  
Music Director

## SPORTS PHYSICAL

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Has your child had any of the following: (Please give details)

Allergy: \_\_\_\_\_

Recurring Illness: \_\_\_\_\_

Operations (note type): \_\_\_\_\_

Serious Accidents: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Other: \_\_\_\_\_

Does this student take medication? \_\_\_\_\_

If so, why? \_\_\_\_\_

## Examination

Satisfactory

Unsatisfactory

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Liver, Spleen, Kidney: \_\_\_\_\_

Hernia, Genitalia: \_\_\_\_\_

Muscular/skeletal: \_\_\_\_\_

Skin: \_\_\_\_\_

Neurological: \_\_\_\_\_

Temp. \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_

I certify that I have examined this student and find him/her physically able to compete in supervised athletics not marked out below.

*Softball, Soccer, Basketball, Cheerleading, Volleyball, Track, Physical Education Classes*

Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_