

The American School in London

ASL ATHLETICS PHYSICAL EXAMINATION FORM

Name of Student: _____ Grade: _____

I have examined the above named student and hereby certify and declare that:

He/she is medically fit to participate in all physical activities without restrictions.

He/she is medically fit to participate in all physical activities with the following restrictions:

Signature of Licensed Physician: _____

Name of Licensed Physician: _____

(Please print, type or stamp)

Date: _____

Stamp of Licensed Physician