



Performance

ATHLETICS

Athlete Physical Form

To ensure that all of our athletes are in good health, we ask that you have the following form filled out by your family physician.

It is required by Performance Athletics & USAG that we have an updated athlete physical form on file each year.

Dear Physician,

Please complete the form below and record any concerns that you may have regarding the following athlete. He/she is a competitive athlete and this form will help our instructors know if there are any limitations that we should be made aware of. (ex: low blood sugar, asthma, allergies, etc.)

Date _____

Name _____ Age _____

Weight _____ Height _____

Pulse _____ Resp. _____

Blood Pressure _____ Temperature _____

Any Concerns/Comments the Physician may have that the staff at PA should be notified about for the child's health, safety and well being;

I have examined the applicant and find him/her in good health and able to participate in a competitive gymnastics program.

Physicians Signature _____