

Dear Physician:

All individuals participating in a varsity sport at Louisiana State University will receive a physical examination prior to any participation in supervised practice or competition. By signing this letter, you have stated that the individual is physically capable of participating in tryouts for their chosen sport. Upon selection to the team, the individual will receive a comprehensive physical examination from Louisiana State University Team Physicians.

Student's Name _____

Student's Sport _____

Examination to Include

- General Examination

Certifying Physician _____

Address _____

Telephone # _____

Date of Examination _____

Signature of Physician _____

Signature of ATC _____

(To be signed once physician certification is complete)