



**ST. MARY'S ASSUMPTION  
ATHLETIC CERTIFICATE**

**PHYSICIAN'S CERTIFICATE**

I HAVE EXAMINED THE GENERAL CONDITION OF

\_\_\_\_\_ ,

A PUPIL AT ST. MARY'S ASSUMPTION SCHOOL, PITTSTON, PA.

I FIND SAID PUPIL TO BE PHYSICALLY FIT TO PARTICIPATE IN ATHLETIC CONTESTS WITH MEMBERS OF ELEMENTARY SCHOOL TEAMS IN THE SPIRIT AND DURING THE SPORT SEASON AS INDICATED BY THE DATE OF THE EXAM AND MY SIGNATURE.

SPORT:     BASKETBALL     \_\_\_\_\_

                 CHEERLEADING     \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

DATE: \_\_\_\_\_