

NJCAA PHYSICAL EXAMINATION FORM

Each student participating in intercollegiate athletic activities sponsored by the NJCAA is required pass a complete physical examination, be certified as physically fit to participate in practice and play, and to keep the results on file with his college.

Name of Student

Name of College

I have examined the student named above and indicate the results as follows;

Heart	
Blood Pressure	
Lungs	
Hernia	
Orthopedic Defects	
A. Feet	
B. Spine	
Urine	
A. Albumen	
B. Sugar	
Height	
Weight	
Age	

I have found no reason which would make it medically inadvisable for this student to compete in any intercollegiate athletic activities, ***EXCEPT*** those checked below (check any activities in which the student may ***NOT*** compete).

____ Football
____ Basketball
____ Wrestling
____ Baseball
____ Volleyball

Signed _____
Examining Physician

Date of Examination _____

Remarks _____

To: Itasca Community College Athletes

From: Itasca Community College Coaches
218-327-4280

Re: Athletic Insurance

This memo is to notify Itasca Community College athletes that Itasca Community College **does not** provide insurance coverage for students participating in intercollegiate athletics. Therefore, students competing in campus intercollegiate programs **are required** to make provisions for coverage **before** participating. No athlete will be permitted to participate without intercollegiate athletic insurance coverage.

In checking insurance coverage for students, it has been our experience that the student who can obtain his/her insurance under their parents' policy will receive the best coverage for the premium paid. If this is not possible, insurance information can be obtained in the College Center Building, Room 105.

NOTE: All athletes must complete the form below and return it to their coach prior to participation in an intercollegiate program at Itasca Community College. You will not be able to participate until this form is completed in full!!

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Name of Policy Owner (if different) _____

SSN/ Date of Birth of Policy Owner: _____

Name of Company: _____

Policy Number: _____

Group Number: _____

Date

Student Signature