

Gogebic Community College Student-Athlete Physical Form

The following is to be completed by your personal physician:

Name of Patient _____

Height _____ **Weight** _____

Heart _____ **Pulse** _____ **Blood Pressure** _____

General Condition _____

Please list any restrictions for physical education or athletic participation:

Name of Physician: _____

Physician's Address & phone number:

Physician's Signature: _____

Date of Signature: _____

After examination please return this form to:

**Dennis Mackey, Athletic Director
Gogebic Community College
E4946 Jackson Road
Ironwood, MI 49938**

Office Phone: 906.932.4231 ext 244