

Dear Physician:

All individuals participating in the cheerleading and/or mascot program at Louisiana Tech University must receive a physical examination prior to any participation in supervised practice, games, or competition. By signing this letter, you have stated that the individual is physically capable of participating in tryouts for their chosen activity.

Student's Name \_\_\_\_\_

Student's Sport \_\_\_\_\_

Examination to Include

General Examination

Certifying Physician \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Signature of Coach and/or Designee \_\_\_\_\_  
(To be signed once physician certification is complete)