



Dear Physician,

All individuals participating in the Louisiana State University of Alexandria Lieutenants will receive a physical examination prior to any participation in scheduled activities. By signing this letter, you have stated that the individual is physically capable of participating in the audition, practices, and performances for the LSUA Lieutenants, for the 2016/7016 academic year.

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

Examination to Include:

\_\_\_\_\_ General Examination

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

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

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