

Physical Examination Form - Athletic Participation

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

Student Information

Student's Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Age: _____ Sex: _____ Grade: _____ Height: _____ Weight: _____

School: _____ City: _____

Physician's Recommendations and Examination

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

Cleared without restriction Cleared, with the following qualifications: _____

Not cleared Pending further evaluation For all sports For certain sports

Reason: _____

Recommendations: _____

Name of Physician (Print or Type): _____

Signature of Licensed Physician (MD or DO)/PA/APNP: _____

Address/Clinic: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____