



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:			CITY:	STATE:	ZIP:
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:

<input type="checkbox"/> CLEARED WITHOUT RESTRICTION			
<input type="checkbox"/> CLEARED, WITH THE FOLLOWING QUALIFICATIONS:			
<input type="checkbox"/> NOT CLEARED <input type="checkbox"/> PENDING FURTHER EVALUATION <input type="checkbox"/> FOR ALL SPORTS <input type="checkbox"/> 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:		