

**SENIOR HIGH ATHLETIC PARTICIPATION FORM – PHYSICAL**

All athletes participating in Interscholastic Athletics must have this sheet on file at the school prior to practice or participation.

- I. PHYSICAL EXAMINATIONS taken April 1 or after are valid for the following two school years. If taken before April 1 they are valid only for the remainder of that school year and the following school year.

_____	_____	_____	_____
Last Name	First Name	Initial	Date of Birth
_____		_____	_____
Place of Birth (County and State)		Grade	Age    Sex
Parents' Place of Employment _____			
Family Physician _____		Family Dentist _____	

**To be completed by physician:**

The above named student has been examined and there is no contraindication to participating in interscholastic athletic activities except as follows: (Physicians note: Please refer to the guide for athletic disqualifications.) \_\_\_\_\_

If student is restricted or disqualified from any sports or school activities, please indicate. (if none, write "none".) \_\_\_\_\_

If student requires an annual physical (rather than the WIAA requirement of a physical every 2 years), please indicate here \_\_\_\_\_

Signature of licensed physician or surgeon \_\_\_\_\_

Address \_\_\_\_\_ City and State \_\_\_\_\_

Telephone \_\_\_\_\_ Date of exam \_\_\_\_\_

I attest to the fact that the information given above is accurate and correct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**THIS SHEET IS TO BE COMPLETED AND RETURNED TO THE ATHLETIC DEPARTMENT**