ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC ATHLETICS - BOYS AND GIRLS

*Approval for two years of competition. Examination cannot be taken before April 1st.

Student's Name:_____
Last Middle Initial First

Place of Birth (Cty.,St.)_____Age:_____Sex_____

Date of Birth:_____Weight:_____Height:_____

Grade_____School:_____City:_____

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

Sports or school activities in which this student cannot participate are (if none - write NONE):

_____

_____

*If approved for only one year of competition, check here. _____

Signature of Licensed Physician or Surgeon:_____
(print or type)

Signature: _____

Address:_____

City:_____State:_____ Zip:_____

Telephone:_____Date of Examination:_____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.