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

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

Students Name _____
Last Middle Initial First

Place of Birth (City, 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 the student is restricted or disqualified, please indicate reason(s):_____

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

Signature of Licensed Physician or Surgeon:_____

Address: _____

City:_____State:_____ Zip:_____

Telephone:_____ Date of Examination:_____

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

Form approved 4-1-89
Rev. 2-15-95 Form 6145.2(b)