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

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

Student's Name_____
Last Middle 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 approved or only one year of competition check here_____

Name of Licensed Physician or Surgeon_____
Print or Type

Signature_____

Address_____

City and State_____

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.

Form approved: 4/1/1989
Rev: 2/15/1995
Rev: 5/8/2007
Form 6145.2C

Archdiocese of Milwaukee