

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

I hereby certify that I have examined _____
and that the student was found physically fit to engage in baseball, basketball, cheers/
pompons, cross country, field hockey, football, golf, gymnastics, ice hockey, lacrosse,
skiing, soccer, softball, swimming, tennis, track, volleyball, and wrestling.
(Please cross out any sport in which the student should **not** participate.)

DATE of PHYSICAL: _____
Valid 365 days unless rescinded

SIGNED: _____
Physician, Physicians Asst. or Nurse Practitioner

Name of Facility: _____

Address: _____

Phone: _____

