

The information below only needs to be completed by a physician if a student does not have a current physical on file at the school. Contact the school office to verify if the student has a current physical on file.

Note a completed physical form with the physician signature/physical date, from the clinic, may be used in place of this form

PHYSICAL EXAMINATION TAKEN APRIL 1 AND THEREAFTER IS VALID FOR THE FOLLOWING TWO SCHOOL YEARS; PHYSICAL EXAMINATION TAKEN BEFORE APRIL 1 IS ONLY VALID FOR THE REMAINDER OF THAT SCHOOL YEAR AND THE FOLLOWING SCHOOL YEAR

Wisconsin Interscholastic Athletic Association – Physical Permit Form
SCHOOL YEAR 20____ - 20____

Name (Last) _____ (First) _____ MI ____ Date of Birth _____

Present Address _____ Phone Number _____

Age ____ Sex ____ Grade ____ School _____ City _____

_____ Medically eligible for all sports without restriction

_____ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of _____

_____ Medically eligible for certain sports _____

_____ Not medically eligible pending further evaluation

_____ Not medically eligible for any sports

Recommendations: _____

I have examined the above-named student and the participation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical exam findings are on the record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

SIGNATURE OF LICENSED PHYSICIAN (MD or DO) *: _____ Or APNP: _____

Address _____ City _____ State ____ Zip Code _____

Phone Number _____ Date of Examination _____

*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature

Completed physical forms uploaded to the activity portal before the student is authorized to participate in practice/tryouts. If you have any questions please contact:

High School- Sasha Gajewski: gajewskis@denmark.k12.wi.us

Middle School- Brenda Steinhorst: steinhob@denmark.k12.wi.us