

HERITAGE HIGH SCHOOL ATHLETIC PHYSICAL FORM

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www.heritageagles.com

ATHLETE INFORMATION

Name _____ Gender _____ Grade 9 10 11 12

Address _____ Phone _____

City/Zip _____

Parent/Legal Guardian _____

Who do you live with? ___Parents ___ Legal Guardian ___ Relative Other (please specify) _____

PHYSICAL EXAMINATION INFORMATION

All student-athletes are required to have a physical on file in the Athletic Office signed by a practicing physician certifying the athlete has passed an adequate physical examination and is physically fit to participate in high school athletics. If significant intervening illness and/or injuries have occurred, a more complete examination should be conducted. If an athlete has been injured in practice or competition, the nature of which required medical attention, then the athlete will not be permitted to return to practice and/or competition until she/he has received a release from a practicing physician. **Athletes will not be allowed to practice or participate until a physician's statement is on file in the Athletic Office.**

PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

****PHYSICAL EXAMINATIONS ARE GOOD FOR ONE CALENDAR YEAR****

I hereby certify that I have examined _____
and that this student is found physically fit to engage in high school sports (except as listed.)

Student's birth date _____ Date of examination _____

Clearance (please choose one)

A. Cleared

B. Cleared after completing evaluation/rehabilitation for _____

C. Not Cleared for () Collision

() Contact

() Non-contact ___Strenuous ___Moderately strenuous ___Non Strenuous

Recommendation _____

Name of Physician/PA/Nurse Practitioner/Certified-Registered Chiropractor (PLEASE PRINT):

Address _____

Phone _____

Signature of MD/DO, PA, NA, DC-SPC # _____