



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/pom poms, 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: _____

SIGNED: _____

(Valid 365 days unless rescinded)

Physician, Physicians Asst. or Nurse Practitioner

Printed Physician/P.A./N.P. Name: _____

Clinic Name: _____

Clinic Address: _____