

WIAA PHYSICAL EXAMINATION FORM for PIUS XI CATHOLIC HIGH SCHOOL

A physical examination taken April 1st and thereafter is valid for the following two school years. A physical examination taken before April 1st is valid only for the remainder of that school year and the following year.

Student-Athlete: _____
(Last Name) (First Name) (MI) (Sex) (DOB) (Age) (Grade)

Present Address: _____ Telephone: _____
(Street Address, City, State, Zip Code)

_____ Cleared without restriction for all sports

_____ Cleared ... with the following qualifications: _____

_____ NOT cleared for All sports

_____ NOT cleared for Certain sports: _____ Reason: _____

Recommendations: _____

*SIGNATURE OF
LICENSED PHYSICIAN: _____ or APNP: _____

Address: _____ City: _____ State: _____ Zip code: _____

Telephone number: _____ Date of Examination: _____

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION. *Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic with which the physician is affiliated.