



Form  
6145.2(c)

### Physical Examination Form - Athletic Participation

All students participating in interscholastic athletics must have this form on file at their school/parish prior to practice or participation.

Physical examination taken April 1 and thereafter is approved for the following two years of competition; physical examination taken before April 1 is valid only for the remainder of the current school year and the following year.

#### Student Information

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

#### Physician's Recommendations and Examination

The above named student has been examined and there are no apparent restrictions to participation in interscholastic athletic activities except as follows:

Cleared without restriction       Cleared, with the following qualifications: \_\_\_\_\_

Not cleared       Pending further evaluation       For all sports       For certain sports

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (Print or Type): \_\_\_\_\_

Signature of Licensed Physician (MD or DO)/PA/APNP: \_\_\_\_\_

Address/Clinic: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Examination: \_\_\_\_\_