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:	CITY:	STATE:	ZIP:	
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:		