

ARCHDIOCESE OF MILWAUKEE
PHYSICAL EXAMINATION FORM
ELEMENTARY SCHOOL INTERSCHOLASTIC ATHLETICS

**Approval for two years of competition. Examination cannot be taken before April 1st.*

Student's Name: _____
Last First Middle Initial

Place of Birth: _____ Age: _____ Sex: _____
City, State

Date of Birth: _____ Weight: _____ Height: _____
00/00/0000

Grade: _____ School: _____ City: _____

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

Sports or school activities in which this student cannot participate are (if none - write NONE):

*If approved for only one year of competition, check here. _____

Name of Licensed Physician or Surgeon: _____

Signature of Licensed Physician or Surgeon: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Examination: _____

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.