

ARCHDIOCESE OF MILWAUKEE
Physical Examination Form
Elementary School Interscholastic Athletics – Boys and Girls

Student's Name: _____
Last Middle Initial First

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

Date of Birth: _____ Weight: _____ Height: _____

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):

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

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

Signature of Licensed Physician or Surgeon: _____

Name of Licensed Physician or Surgeon: _____
(print or type)

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.