

Athletics Physical Examination Report

For Middle and High School Clearance

I have examined _____ and declare this student physically able to
name of student

participate in middle or high school athletic/activity programs as follows:

1. _____ Full Interscholastic Athletic Competitive Program – Baseball, Basketball, Cross Country, Football, Golf, Soccer, Softball, Swimming, Tennis, Track and Field, Volleyball, Wrestling

AND/OR

2. _____ Full Related Activity Program – Cheerleading, Dance Team, Drill Team, Step Team, Weight Training

OR

3. _____ Restricted Athletic Program As Follows:

SPECIAL EMERGENCY CAUTIONS

Medical Authority's Name – *PLEASE PRINT*

Medical Authority's Signature _____ Date _____

Clinical stamp is required for verification of physical.

Clinic Stamp

Prior to the first participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not necessarily be limited to:

- A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation therefrom.*
- B. Documentation of satisfactory examination of the cardiopulmonary system.*
- C. Documentation of satisfactory sport-specific orthopedic screening examination.*
- D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestion for activity modification if necessary.*

NOTE: During the spring of 2004, the WIAA Rep Assembly voted to increase the number of valid months for a sports physical to 24 (up from 13).