ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC ATHLETICS - BOYS AND GIRLS

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

Student's Name: _____

Last Middle Initial First

Place of Birth (City, St) _____ 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):

_____

_____

If approved for only one year of competition, check here ☐

Name of licensed Physician or Surgeon _____
(Print or Type)

Signature _____

Address _____

City and State _____

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.