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# Grace Lutheran School Athletics

## Physical Exam Form

**Please Note:**

Grace follows the same W.I.A.A. physical examination rules.

- An examination taken after April 1<sup>st</sup> is good for the following TWO SCHOOL YEARS!
- An examination taken before April 1<sup>st</sup> is good for the remainder of that school year and the following school year.

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

**The above named student has been examined and there are not apparent contraindications to participating in interscholastic athletic activities except as follows:**

Sports or school activities in which the above student cannot participate are (if none – write NONE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Licensed Physician or Surgeon:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON  
FILE AT THEIR SCHOOL **PRIOR TO PRACTICE OR PARTICIPATION.**