PHYSICAL EXAMINATION UPDATE

(Statement For Continued Participation)

Name _____ Phone _____

Address _____
Street City State Zip

School _____ Grade 8 9 10 11 12
(circle one)

WIAA Regulation - PHYSICAL EXAMINATION - Prior to the first practice for participation in interscholastic athletics in a middle level school and prior to participation in a high school, 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.

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EXAMINER'S CERTIFICATION:

Date of last complete physical examination _____

I hereby certify that the above-named individual's physical condition is adequate to participate in supervised interscholastic activities NOT CROSSED OUT BELOW:

BASEBALL BASKETBALL CROSS COUNTRY DANCE/DRILL FOOTBALL

GOLF GYMNASTICS SOCCER SOFTBALL SPIRIT SWIMMING TENNIS

TRACK VOLLEYBALL WRESTLING Other_____

_____ _____
Date Examiner's Signature

_____
Examiner's Name (Print)

MEDICAL AUTHORITIES LICENSED TO GIVE PHYSICAL EXAMINATIONS

1. Medical Doctor (MD)
2. Doctor of Osteopathy (D.O.)
3. Certified Nurse Practitioner (CRN)
4. Medics - Physician Assistant (P.A.)
5. Naturopaths (N.D.)