

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

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

Student's Name: _____ Last

Middle Initial First Place of Birth

(Cty.,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. _____ Signature of Licensed

Physician or Surgeon: _____

(print or type) Signature:

Address: _____

____ City: _____ State: _____

Zip: _____ Telephone: _____ Date of

Examination: _____ ALL BOYS AND GIRLS PARTICIPATING IN
THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.
INTERSCHOLASTIC ATHLETICS MUST HAVE