

# Western Pennsylvania Special Hockey Association

A Non-Profit Organization for the Developmentally Disabled

## Physical Examination Certification

### Personal Data

**Athlete's Name:**

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**Address:**

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**Date of Birth:** \_\_\_\_\_

### Health History

List any serious medical conditions of concerns:

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**Physical Exam:** (to be completed by physician)

Date of most recent physical exam: \_\_\_\_\_

### Physician's statement:

The above named athlete is in appropriate physical condition to participate in the Western Pennsylvania Special Hockey Association program.

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Physician's Signature

Date