WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION
PHYSICAL EXAM ATHLETIC PERMIT FORM

*1. Physical examination taken April 1 and thereafter is valid for the following **TWO SCHOOL YEARS.***
*2. Physical examination taken before April 1 is valid only for the remainder of that **SCHOOL YEAR** and the following **SCHOOL YEAR**.*

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

GRADUATION YEAR _____

NAME _____DATE OF BIRTH_____
Last First M.I.

Present Address _____Telephone _____

Parent's Name _____Telephone _____

Family Physician _____

_____ cleared for all sports without restriction

_____ cleared for all sports without restriction with recommendations for further evaluation or treatment for: _____

_____ not cleared

I have examined the above-named student and completed the physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in interscholastic athletic activities. Sports or school activities in which this student cannot participate are (if none - write NONE) _____.

If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete and parent/guardian.

Allergies_____

Last Tetanus Shot _____

Immunizations _____ up-to-date _____ not up-to-date (specify) _____

Date of Exam_____

Name of Physician_____

Address_____

City and State _____Telephone #_____

SIGNATURE OF LICENSED PHYSICIAN*_____

***Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature, or the name of the clinic with which the physician is affiliated.**