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

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

Student's
Name:_____
Last Middle Initial First
Place of Birth
(City,State)_____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 INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT THEIR SCHOOL/PARISH, PRIOR TO PRACTICE OR PARTICIPATION.