

Interscholastic Athletic Physical Examination



PARKVIEW
MIDDLE SCHOOL
ASHWAUBENON SCHOOL DISTRICT

NAME _____
Last Middle Initial First

GRADE _____ AGE _____ GENDER _____

The above named student has been examined and there are no apparent contraindications to participation in interscholastic athletic activities except as follows: -(PHYSICIANS NOTE – please refer to the Guide For Athletic Disqualification.) Sports or school activities in which this student cannot participate are
(if none write NONE) _____

If Student is restricted or disqualified, please indicate reason(s): _____

Signature of Licensed Physician or Surgeon _____

Address _____ City _____ State _____

Telephone _____ Date of Examination _____

ALL STUDENTS PARTICIPATING UN INTERSCHOLASTIC ATHLETICS MUST HAVE
THIS FORM ON FILE AT PARKVIEW PRIOR TO PRACTICE OR PARTICIPATION
RETURN TO SCOTT CONRADT ~PARKVIEW MIDDLE SCHOOL

7/8/09

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