

PHYSICAL EXAMINATION UPDATE

(Statement For Continued Participation)

Name _____ Phone _____

Address _____

Street City State Zip

School _____ Grade 8 9 10 11 12
(circle one)

WIAA Regulation - PHYSICAL EXAMINATION - Prior to the first practice for participation in interscholastic athletics in a middle level school and prior to participation in a high school, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not necessarily be limited to:

- A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation therefrom.**
- B. Documentation of satisfactory examination of the cardiopulmonary system.**
- C. Documentation of satisfactory sport specific orthopedic screening examination.**
- D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestion for activity modification if necessary.**

EXAMINER'S CERTIFICATION:

Date of last complete physical examination _____

I hereby certify that the above-named individual's physical condition is adequate to participate in supervised interscholastic activities NOT CROSSED OUT BELOW:

BASEBALL	BASKETBALL	CREW	CROSS COUNTRY	FOOTBALL	GOLF	LACROSSE
SOCCER	SWIM & DIVE	TENNIS	TRACK & FIELD	VOLLEYBALL		WRESTLING

Additional information: _____

Date

Examiner's Signature

Examiner's Name (Print)

MEDICAL AUTHORITIES LICENSED TO GIVE PHYSICAL EXAMINATIONS

- | | |
|---------------------------------------|--|
| 1. Medical Doctor (MD) | 4. Medics - Physician Assistant (P.A.) |
| 2. Doctor of Osteopathy (D.O.) | 5. Naturopaths (N.D.) |
| 3. Certified Nurse Practitioner (CRN) | |