

West Allis-West Milwaukee School District

INTERMEDIATE SCHOOL

PHYSICAL EXAM FORM

ALL STUDENTS PARTICIPATING IN INTERMEDIATE ATHLETICS MUST HAVE THIS PHYSICAL EXAM CARD OR ALTERNATE YEAR CARD ON FILE AT THE RECREATION DEPARTMENT PRIOR TO PRACTICE OR PARTICIPATION.

*Physical examinations taken after April 1st are valid for the following two school years; physical examinations taken before April 1st are valid only for the remainder of that school year and the following school year.

Last Name _____ First Name _____ Initial _____

Date of Birth _____ Age ___ Sex ___ Grade ___ School _____ City _____

Present Address _____ Telephone _____

Cleared without restriction Cleared with the following qualifications _____

Not cleared Pending further evaluation For all sports For certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. 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 parents/guardians).

Name of Physician (Print/Type) _____

SIGNATURE OF LICENSED PHYSICIAN (MD OR DO)/PA/APNP* _____

Clinic Name _____ Address _____

City _____ State _____ Zip Code _____ Telephone _____

Date of Examination _____

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

Parents' Place of Employment _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Telephone _____ Subscriber Member Name (Primary Insured) _____

Emergency Information

Allergies _____

Other Information (medication, etc.) _____

Immunizations

Up to date (see attached documentation)

Not up to date: Specify _____
(e.g., tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis;
pneumococcal; meningococcal; varicella)

1. I hereby give my permission for the above named student to practice and compete and represent the school in West Allis-West Milwaukee School District approved interscholastic sports except those restricted on this card.

2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

Print Parent/Guardian Name

Parent/Guardian Signature

Date