

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 CROSS COUNTRY DANCE/DRILL FOOTBALL
 GOLF GYMNASTICS SOCCER SOFTBALL SPIRIT SWIMMING TENNIS
 TRACK VOLLEYBALL WRESTLING Other _____

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)	