Archdiocese of Milwaukee
Physical Examination Form
Elementary School
Interscholastic Athletics
Boys and Girls

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

Student's Name _____
Last Middle Initial First

Place of Birth (City, State)_____ Age_____ Sex _____

Date of Birth _____ Weight _____ Height _____

Grade _____ School: St. Edward School City: Racine

The above named student has been examined and there are no apparent restrictions to participating in interscholastic athletic activities except as follows:

Sports of school activities in which this student cannot participate are (if none – write NONE)

_____
_____
_____.

*If approved for only one year of competition, check here _____

Name of Licensed Physician or Surgeon _____
(Print or Type Name)

Signature of Physician _____

Address _____

City and State _____

Phone Number _____ 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.