

SCHOOL YEAR \_\_\_\_\_

**ATHLETIC PHYSICAL TO BE FILLED OUT BY PHYSICIAN: ALL FRESHMAN AND JUNIORS NEED TO COMPLETE THIS SECTION.**

STUDENTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ CLEARED WITHOUT RESTRICTIONS

\_\_\_\_\_ CLEARED WIT THE FOLLOWING QUALIFICATIONS:

\_\_\_\_\_

\_\_\_\_\_ NOT CLEARED \_\_\_\_\_ ALL SPORTS \_\_\_\_\_ CERTAIN SPORTS

REASON:

\_\_\_\_\_

Signature of Licensed Physician (MD or DO), APNP, PA \_\_\_\_\_

Date: \_\_\_\_\_

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**ALTERNATE YEAR PHYSICAL FORM: ALL SOPHOMORES AND SENIORS**

PHYSICAL DATE: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

**COMPLETE AND PRINT FORM-- BRING TO THE OFFICE FOR PRACTICE PERMIT BEFORE PARTICIPATING IN ANY SPORTS.**