ATHLETIC CLEARANCE

_____ ____ ____ _____
Student Name Sex Age Birthdate

Circle the athletic team in which the student is interested in participating:

Volleyball *Basketball* *Track*
Cross Country *Cheerleading*

>>>>>>>>>>>>>>>THIS SECTION TO BE COMPLETED BY LICENSED PHYSICIAN<<<<<<<<<<<

1. Has the student had any of the following ailments?

____*Hernia* ____*Diabetes* ____*Heart Disease*

____*Rheumatic Fever* ____*Epilepsy* ____*Kidney Disease*

2. Height _____ Weight _____ Blood Pressure_____

Vision _____ Hearing_____

The above student has been found to be physically fit in order to compete in interscholastic sports with no limitations:

_____
(Medical Examiner Signature)

The above student may participate in interscholastic sports with limitations as follows:

_____

_____

_____

_____Medical Examiner Signature

_____Date of Exam

ED Code 3220-21

You may attach a copy of the physical form instead of using this form

Check below if we already have a physical form on file from another Weed Cub sport this year. ☐