

**ARCHDIOCESE OF MILWAUKEE - PHYSICAL EXAMINATION**  
**FORM - ELEMENTARY SCHOOL INTERSCHOLASTIC**  
**ATHLETICS - BOYS AND GIRLS**

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

Student's Name: \_\_\_\_\_  
Last Middle Initial First

Place of Birth (City, St.) \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Grade \_\_\_\_\_ School: \_\_\_\_\_ City: \_\_\_\_\_

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

Sports or school activities in which this student cannot participate are (if none - write NONE):

\_\_\_\_\_  
\_\_\_\_\_

\*If approved for only one year of competition, check here. \_\_\_\_\_

Signature of Licensed Physician or Surgeon: \_\_\_\_\_  
(print or type)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ 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.**