



PHYSICAL EXAMINATION CARD ( BOYS' AND GIRLS')  
APPROVAL FOR TWO YEARS OF COMPETITION  
EXAMINATION CANNOT BE TAKEN BEFORE MAY FIRST

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth (County and State) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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

The Above named student has been examined and there are no apparent contraindications 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 student is restricted or disqualified, please indicate reason(s) \_\_\_\_\_

If approval for only one year of competition, check here

Signature of Licensed Physician or Surgeon \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Examination \_\_\_\_\_

ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE AND/OR PARTICIPATION.