

Physical Exam Form

St. Leonard Athletic Association – W173 S7743 Westwood Drive – Muskego, WI 53150

General Information

Student First Name: _____

Student Last Name: _____

Date of Birth

(MM/DD/YYYY): _____

Male Female (circle one)

Date of Exam

(MM/DD/YYYY): _____

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

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

I hereby give my permission for the above named student to practice and compete in approved interscholastic sports except those restricted on this form.

Signature of Physician

Date

Signature of Parent or Guardian

Date

Provider Address: _____

This exam form is valid for 2 years from the date of the exam.