Office of Catholic Schools-Diocese of Madison PHYSICAL EXAMINATION CARD (BOYS & GIRLS) *APPROVAL FOR TWO YEARS OF COMPETITION EXAMINATION CANNOT BE TAKEN BEFORE MAY 1

(Print or Type)

Name	Date of Birth		
Place of Birth (County and State)	Grade	Age	Sex
School	City		
The above named student has been examined and there are no appeathletic activities except as follows: (Sports or school activities in NONE)	which this student cannot	participate are;	if none – write
If student is restricted or disqualified, please indicate (reasons(s): _			
• If approved 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 INTERSCHOLA THEIR SCHOOL PRIOR TO PRACTICE AND/OR PARTICIPA		T HAVE THIS	CARD ON FILE AT
Office of Catholic School ATHLETIC PE	RMIT CARD	Weig	ht
Present Address	_	_	
		-	
Parents Place of Employment			
Family Physician	Family Dentist		
Name of Private Insurance Carrier			
Policy Number(s) Address	ess		
I hereby give my permission for the above named student to practi sports excepting those restricted on this card and as parent (or lega financially responsible for the safe return of all athletic equipment or daughter, named above, to be given immediate emergency care team physician or any other physician present.	al guardian) of the above natissued to (him or her). If	amed student, I urther grant per	agree to be mission for my son
Signature of Parent or Guardian	D	ate	

Although a dental examination is not required as a prerequisite to athletic participation, it is recommended that your son or daughter visit a dentist regularly and that a good program of oral hygiene be maintained.