



STUDENT NAME
(Please Print)

(Last)

ATHLETE INFORMATION

STUDENT'S NAME _____
(Last Name) (First Name) (Middle Initial)

DATE OF BIRTH _____ GRADE _____ SCHOOL _____

I authorize release of the health care practitioner's (family physician and/or athletic physical provider) exam findings and other pertinent medical data as it relates to the participation of my child in Wenatchee School District sports activities. I understand that the physical exam documentation will be kept on file at their school for middle level athletes and in the Wenatchee High School Athletic Department for high school athletes. I understand it is my responsibility to make updates in the Athletic Office during the school year if my medical insurance changes.

Parent/Guardian Signature _____ Date _____

FALSIFYING SIGNATURES ON ANY REQUIRED FORM WILL BE CAUSE FOR LOSS OF ELIGIBILITY FOR ACTIVITY

SPORTS PHYSICAL EXAMINATION

Prior to the first practice for participation in interscholastic athletics, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination.

Are there significant findings the school medical/coaching staff should be aware of:

- _____ Head/neck/spine/injuries
- _____ Musculoskeletal injuries
- _____ Cardiopulmonary conditions
- _____ Other medical conditions (describe)
- _____ Loss of paired organs
- _____ Medications
- _____ Allergic to medicines/insect bites/other

Please explain any of the above: _____

ASSESSMENT:

- _____ Full Participation
- _____ Limited Participation (describe limitations, restrictions): _____
- _____ Participation Contraindicated (list reasons and sports): _____
- Recommendations (equipment, bracing, taping, rehabilitation, etc.): _____

Those licensed to perform physical examinations include a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA) and Naturopathic Physician.

Date of Physical Exam

Examiner's Signature

Examiner's Name (Print)

Office Use:	FALL	WINTER	SPRING	ALL YEAR
A.S.B. _____	FB _____	BBB _____	TR _____	CH _____
W.R. _____	VB _____	GBB _____	BA _____	AP _____
	GSO _____	WR _____	FP _____	UBB _____
	GSW _____	BSW _____	GO _____	USOC _____
	XC _____	GBO _____	TN _____	
	SP _____		BSO _____	

(First)