APPLICATION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS
MEDICAL CERTIFICATE TO BE COMPLETED BY EXAMINING PHYSICIAN

	YES	NO
General health is satisfactory?		
Is visual correction required for competition? **Glasses / Contacts**		
Is there a bridge or false teeth?		
Are there health problems that should be evaluated or trated before participating in competitive sports?		
Are there medical conditions that may affect participation? **(Asthma, Diabetes)** Please advise:		
Are there medications that may be required for participation?		
If so, please complete medication HHL.		

	BASKETBALL		GOLF		WRESTLING
	BASEBALL		GYMNASTICS		VOLLEYBALL
	CROSS COUNTRY		SOCCER		
	CHEERLEADING		SWIMMING		OTHER:
	FIELD HOCKEY		TENNIS		
	FOOTBALL		TRACK AND FIELD		

I have examined _____ **and find him / her to be physically able to compete in the supervised athletic activities checked above. This certificate is valid until** _____.

_____	_____	_____
Date	**Name of examining physician**	**Signature of examining physician**