



**PHYSICAL EXAMINATION UPDATE (Statement for Continued Participation)**

STUDENT NAME \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

MEDICAL AUTHORITIES LICENSED TO GIVE PHYSICAL EXAMINATIONS:

1. Medical Doctor (M.D.); 2. Doctor of Osteopathy (D.O.); 3. Certified Nurse Practitioner (CNP); 4. Physician's Assistant (PA); 5. Naturopathic Physician (ND) WIAA regulation 18/13 – PHYSICAL EXAMINATION – The school in which this student is enrolled must have on file a statement (or prepared form) from a medical authority, licensed to give a physical examination, certifying that the participant's physical condition is adequate for the activity or activities in which the student wishes to participate. The physical exam shall be valid for twenty-four (24) consecutive months. FOR EACH SUBSEQUENT TWENTY-FOUR MONTH PERIOD THE STUDENT SHALL FURNISH A STATEMENT OR PHYSICAL EXAMINATION FORM SIGNED BY A MEDICAL AUTHORITY LICENSED TO PERFORM A PHYSICAL EXAMINATION, THAT PROVIDES CLEARANCE FOR CONTINUE ATHLETIC PARTICIPATION.

EXAMINER'S CERTIFICATE: \_\_\_\_\_

I hereby certify that the above-named individual's physical condition is adequate to participate in supervised interscholastic activities. NOT CROSSED OUT BELOW: Baseball, basketball, cheerleading, cross country, drill/dance, football, golf, soccer, softball, spirit, swimming, tennis, track, volleyball, wrestling, other

**If competing in wrestling, minimum weight should be no less than \_\_\_\_\_ lbs.**

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Examiner's Name (Print)

\_\_\_\_\_  
Date

COMMENTS:

**ACCIDENT INSURANCE PARENT/GUARDIAN RESPONSIBILITY**

I recognize that in the case of injury to my son/daughter, the cost of treatment is my responsibility and not the responsibility of the school district. I further understand that it is required that my son/daughter be covered by medical and dental insurance while participating in school-sponsored athletics.

I have adequate coverage with: (medical) \_\_\_\_\_ (dental) \_\_\_\_\_