

SNOQUALMIE MIDDLE SCHOOL SPORTS PHYSICAL

Upload physical to FamilyID on SMS website where you sign-up for sports

TO BE COMPLETED BY PHYSICIAN

WIAA Handbook 18.13.0

PHYSICAL EXAMINATION

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

Physical exams will be good for 24 months from date of exam indicated by Physician.

I have examined _____ on _____
Student's Name Date

Grade in 21/22 School Year _____ Grad Year _____

and find him/her physically fit and able to compete in interscholastic activities provided by Snoqualmie Valley School District with no limitations, or with limitations as follow:

PHYSICIAN'S RECOMMENDATIONS FOR WRESTLING

I recommend that the student designated above should not be allowed to wrestle any weight

| | | | | | | | | | | | | | | | |
|-------|-------|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 54-78 | 70-85 | 90 | 95 | 100 | 110 | 115 | 120 | 125 | 130 | 137 | 145 | 154 | 164 | 175 | 250 |
|-------|-------|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

lower than the indicated classification circled:

PHYSICIAN'S SIGNATURE: _____ DATE _____

PHYSICIAN'S NAME : (PLEASE PRINT) _____

ADDRESS: _____

CITY, STATE & ZIP _____ PHONE # (____) _____