

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

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 _____

I recommend that the student designated above should not be allowed to wrestle any weight less than the indicated classification circled:

PHYSICIAN'S SIGNATURE: _____ DATE _____

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

PHYSICIAN'S NAME : (PLEASE PRINT) _____

ADDRESS: _____

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