

MID-STATE YOUTH FOOTBALL & CHEERLEADING

2017 PHYSICAL EXAMINATION FORM

(PRINT OR TYPE)

- 1) Examinations are good for the 2017 & 2018 season; copy of WIAA physical is an acceptable substitute.
- 2) Examination form must be dated, signed and submitted prior to the first practice at the start of the 2017 season (WIAA physical can be substituted for the term indicated on that physical)
- 3) No players or cheerleaders will be allowed to participate in any Mid-State Conference activities until this form is completed and on file.

NAME		(LAST)		(FIRST)		(MIDDLE INT.)		
GRADE		(2017 – 2018 SCHOOL YEAR)	AGE		(AS OF SEPTEMBER 1, 2017)	SEX		(M/F)
SCHOOL			CITY					

The above named student has been examined and there are no apparent conditions that would prevent him/her from participating in any Mid-State Youth Football & Cheerleading activities except as follows: (If none – write “None”)

Activities in which the above named student may not participate in are: (If none – write “None”)

If the above named student is restricted or disqualified from participating, please indicate reason(s).

Signature of licensed physician: * _____

Address: _____

City & State: _____ Phone: _____

Date of Examination: (Month / Day / Year): _____

* Physicians may authorize Nurse Practitioners or Physicians Assistants to stamp this form with the physician’s signature, or the name of the clinic with which the physician is affiliated.

ALL PARTICIPANTS MUST HAVE THIS FORM OR COPY OF WIAA PHYSICAL CARD ON FILE PRIOR TO PRACTICE OR PARTICIPATION IN ANY MID-STATE CONFERENCE ACTIVITIES.