## ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

## WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD

(Print or Type)

ALL STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS CARD ON FILE AT THEIR SCHOOL PRIOR TO PRACTICE OR PARTICIPATION

NAME (Last)			(	First)			(Middle Initia	ıl)	Date of Birtl	h
Age Sex	Grade	School			-		City			
Present Address							Telepho	ne		
□ Cleared without rest	riction C	Cleared, with the fo	llowing quali	fications:						
□ Not cleared □	1 Pending further eva	luation 🗅 Fo	all sports	□ For certa	in sports:					*
Reason:										
Recommendations:										
I have examined the al in the sport(s) as outli lete has been cleared ents/guardians).	ned above. A copy of	the physical exam i	s on record in	my office and c	an be made ava	liable to the sch	ool at the request	of the paren	ts. Il conditio	ons arise after the all
Name of Physician (Pr	int/Type)									
SIGNATURE OF LICEN	ISED PHYSICIAN (M	D OR DO)/PA/APNP	<b>:</b>		*					
Clinic Name										
Address/Clinic										
Telephone						Date of Exam	ination			
* Physic	cians may authorize l							which the p	hysician is af	fili <mark>ated.</mark>
Family Physician								-		
Name of Private Ins										
Subscriber Member										
Emergency Inform				7.1						
Allergies										
Other Information										
Immunizations (e.g., tetanus/diphthe				⊇ Not up to dat enza; poliomyeli		ccal; meningo	coccal; varicella)			
	e my permission restricted on this		ned studen	t to practice ar	nd compete a	ınd represent	the school in W	IAA appro	ved intersc	:holastic sports e:
as "HIPAA") may be atte appropriate	the requirements , I authorize health anding an interschool school district per	care providers of plastic event or pr sonnel such as bu	the student actice, to dis at not limited	named above, sclose/exchang I to: Principal, /	, including em ge essential n Athletic Direct	ergency medio nedical inform or, Athletic Tra	cal personnel an ation regarding t iner, Team Phys	d other sim he injury a sician, Tear	ilarly traine nd trealmei n Coach, A	d professionals the nt of this student t dministrative Assi
tant to the F	unieuc Director and	d/or other profess	onal health	care providers	s, for purposes	of treatment,	emergency care	and injury	record-kee	eping.