

**PHYSICIAN APPROVAL FOR PARTICIPATION  
KING'S JUNIOR/SENIOR HIGH SCHOOL**

Please fill out either Section #1 or Section #2 below and have your Physician sign and date.

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**Section #1**

**To be completed by all 7<sup>th</sup> and 9<sup>th</sup> grade students and any student new to King's activities.**

Student's Name \_\_\_\_\_ Grade 7 8 9 10 11 12

**Examining Physician's recommendation:**

- ( ) No restrictions to full participation  
( ) Participation restricted (please attach a note if necessary)  
Restrictions and length of limitation/restriction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have on this date examined the student named above and find him/her physically able to compete in interscholastic activities with any exceptions or limitations as noted above.

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Examiner's Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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**Section #2**

**To be completed by all returning students in grades 8, 10, 11, and 12.**

Student's Name \_\_\_\_\_ Grade 8 10 11 12

**Examining Physician's recommendation:**

- ( ) No restrictions to full participation  
( ) Participation restricted (please attach a note if necessary)  
Restrictions and length of limitation/restriction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Examiner's Name (please print) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

WIAA Regulation 17.11.0 – **Physical examination** – Prior to the first practice for participation in interscholastic athletics a student shall undergo a thorough medical examination and be approved for school interscholastic athletic competition by a medical authority licensed to perform a physical examination.