

**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.

Section #1

To be completed by all 7th and 9th 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 _____

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 18.13.0 – Physical examination – Prior to the first practice for participation in interscholastic athletics in a middle level school, and prior to the first practice for participation in a high school, 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. A student wishing to participate at the high school level for the first time is required to have a new physical regardless of when that student had his/her last physical.