

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION ATHLETIC PERMIT CARD

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

Name (last, first, M. I.)				Date of Birth	
Age	Sex	Grade	School Oregon High School		City
Present Address				Telephone	
<input type="checkbox"/> Cleared without restriction			<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for:		
<input type="checkbox"/> Not cleared for <input type="checkbox"/> All sports <input type="checkbox"/> Certain sports:					
Reason:					
Recommendations:					
☆ Signature of licensed physician (MD or DO)			OR APNP		
Address			City	State	Zip
Telephone			Date of Examination:		

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

☆ Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated.

