



**INTERSCHOLASTIC ATHLETIC PARTICIPATION CONSENT  
PHYSICIAN CERTIFICATION FORM**

I hereby certify that \_\_\_\_\_  
*Student Name*

was examined by me on \_\_\_\_\_, and was found  
*Date*

physically fit to engage in  all sports

all sports except \_\_\_\_\_.

Comments:

Attachments:  Yes  No

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_