■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

SIGNATURE OF PARENT/GUARDIAN ___

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION - ATHLETIC PERMIT CARD

(Print or Type)

NAME (Last)	(First)	(Middle Initial) _	Date of Birth
Age Sex assigned at birth (F, M or intersex) Grade	School	City	
Present Address		Telephone	
Medically eligible for all sports without restriction			
Medically eligible for all sports without restriction with recommend	dations for further evaluation o	r treatment of	
Medically eligible for certain sports			
Not medically eligible pending further evaluation			
Not medically eligible for any sports			
Recommendations:			
cipate in the sport(s) as outlined on this form. A copy of the physic onditions arise after the athlete has been cleared for participation, the letely explained to the athlete (and parents/guardians).	al exam findings are on record ne physician may rescind the m	in my office and can be made availab edical eligiblity until the problem is res	le to the school at the request solved and the potential conseq
icipate in the sport(s) as outlined on this form. A copy of the physiciconditions arise after the athlete has been cleared for participation, the letely explained to the athlete (and parents/guardians). Name of health care professional (Print/Type)	eal exam findings are on record ne physician may rescind the m	in my office and can be made availab edical eligiblity until the problem is res	le to the school at the request solved and the potential conseq
icipate in the sport(s) as outlined on this form. A copy of the physicipations arise after the athlete has been cleared for participation, the oletely explained to the athlete (and parents/guardians). Name of health care professional (Print/Type)	eal exam findings are on recording physician may rescind the months are considered by the considered	in my office and can be made available dical eligiblity until the problem is res	le to the school at the request solved and the potential conseq
icipate in the sport(s) as outlined on this form. A copy of the physicionditions arise after the athlete has been cleared for participation, the idetely explained to the athlete (and parents/guardians). Ilame of health care professional (Print/Type) IGINATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APP Clinic Name Ididress/Clinic	eal exam findings are on recording physician may rescind the months are considered by the considered	in my office and can be made available dical eligiblity until the problem is resulted in the problem in the problem in the problem is resulted in the problem in t	le to the school at the request solved and the potential consequence and the potential consequen
icipate in the sport(s) as outlined on this form. A copy of the physicipations arise after the athlete has been cleared for participation, the oletely explained to the athlete (and parents/guardians). Name of health care professional (Print/Type) SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APP Clinic Name Address/Clinic * PHYSICIANS may authorize Nurse Practitioners to st	eal exam findings are on recording physician may rescind the months are considered by the considered	in my office and can be made available dical eligiblity until the problem is resulted in the problem in the problem in the problem is resulted in the problem in t	le to the school at the request solved and the potential consequence and the potential consequen
icipate in the sport(s) as outlined on this form. A copy of the physicionditions arise after the athlete has been cleared for participation, the idetely explained to the athlete (and parents/guardians). Idame of health care professional (Print/Type)	al exam findings are on record the physician may rescind the months are considered by the physician's tamp this card with the physician's	in my office and can be made available dical eligiblity until the problem is resulted in the problem in the problem in the problem is resulted in the problem in t	tate Zip Code
icipate in the sport(s) as outlined on this form. A copy of the physicionditions arise after the athlete has been cleared for participation, the idetely explained to the athlete (and parents/guardians). Idame of health care professional (Print/Type) IGINATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/API Clinic Name **Address/Clinic** **PHYSICIANS** may authorize Nurse Practitioners to steam the company of the physician in	eal exam findings are on record the physician may rescind the money and the money are considered to the physician of the physician o	in my office and can be made available dical eligiblity until the problem is researched by the problem	tate Zip Code which the physician is affiliated.
icipate in the sport(s) as outlined on this form. A copy of the physicionditions arise after the athlete has been cleared for participation, the idetely explained to the athlete (and parents/guardians). Idame of health care professional (Print/Type) IGIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/APP Clinic Name **PHYSICIANS** may authorize Nurse Practitioners to stee a carents' Place of Employment Family Physician Idame of Private Insurance Carrier	eal exam findings are on record the physician may rescind the months are considered by the considered by the months are considered by the considere	in my office and can be made available dical eligiblity until the problem is researched by the problem	tate Zip Code which the physician is affiliated.
cipate in the sport(s) as outlined on this form. A copy of the physic onditions arise after the athlete has been cleared for participation, the letely explained to the athlete (and parents/guardians). Idame of health care professional (Print/Type)	eal exam findings are on record the physician may rescind the months are considered by the considered by the months are considered by the considere	in my office and can be made available dical eligiblity until the problem is researched by the problem	tate Zip Code which the physician is affiliated.
cipate in the sport(s) as outlined on this form. A copy of the physiconditions arise after the athlete has been cleared for participation, the letely explained to the athlete (and parents/guardians). Iame of health care professional (Print/Type)	tal exam findings are on record the physician may rescind the management of the mana	in my office and can be made available dical eligiblity until the problem is research and a second s	tate Zip Code which the physician is affiliated.
Parents' Place of Employment	al exam findings are on record the physician may rescind the management of the manag	in my office and can be made available dical eligiblity until the problem is researched by the problem	tate Zip Code which the physician is affiliated.
icipate in the sport(s) as outlined on this form. A copy of the physiciconditions arise after the athlete has been cleared for participation, the letely explained to the athlete (and parents/guardians). Name of health care professional (Print/Type) SIGNATURE OF HEALTH CARE PROFESSIONAL (MD OR DO)/PA/API Clinic Name Address/Clinic * PHYSICIANS may authorize Nurse Practitioners to stem the professional physician with the professional physician with the professional physician in the professional physician with the professional physician ph	al exam findings are on record the physician may rescind the management of the manag	in my office and can be made available dical eligiblity until the problem is researched as a second second as a se	tate Zip Code which the physician is affiliated.
icipate in the sport(s) as outlined on this form. A copy of the physiciconditions arise after the athlete has been cleared for participation, the letely explained to the athlete (and parents/guardians). Name of health care professional (Print/Type)	eal exam findings are on record the physician may rescind the management of the mana	in my office and can be made available dical eligiblity until the problem is researched as a second second as a se	tate Zip Code which the physician is affiliated.
icipate in the sport(s) as outlined on this form. A copy of the physicipations arise after the athlete has been cleared for participation, the indicated per cleared for participation, the indicated per conditions arise after the athlete (and parents/guardians). Idame of health care professional (Print/Type)	al exam findings are on record the physician may rescind the management of the manag	in my office and can be made available edical eligiblity until the problem is researched as a second series of the clinic with the problem is researched as a signature or the name of the clinic with the problem is researched as a signature or the name of the clinic with the problem is researched. Dentist Telephone	tate Zip Code which the physician is affiliated.

providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.

DATE ___