

Hartland-Lakeside School District
Athletic Participation – Physical Examination Form

NAME: Last _____ First _____ Initial _____

DATE OF BIRTH: _____

AGE: _____

GRADE: _____

SCHOOL: (circle one) NSMS Hartland North Hartland South

SEX: Male Female

The above named student has been examined and there are no apparent contraindications to participating in school sports activities, except as noted below:

SIGNATURE OF LICENSED PHYSICIAN**

OR ADV. PRACTICAL NURSE PRESCRIBER

Address: _____

City and State: _____

Telephone: _____ Date of this Examination: _____

**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. **

**ALL STUDENTS PARTICIPATING IN ATHLETICS MUST HAVE THIS CARD
ON FILE AT SCHOOL TO PRACTICE OR PARTICIPATE.**

Examinations given after April 1 is good for the following TWO SCHOOL YEARS.

Examinations given before April 1 is good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR.