



2023-2024 Middle School Physician Certification of Student Fitness for Athletic Participation

*This form, as well as an **Athletic Participation Permission and Release form**, must be completed and submitted to the school of athletic participation as designated below before the student will be allowed to practice or compete in school sport(s).*

Student Information - To be completed by student or parent/guardian:

Student's Name (Last, First, M.I.)

Current Grade

Students Date of Birth

Male: _____ Female: _____

Student's Street Address

City

State

Zip Code

School of Athletic Participation

Parent(s)/Guardian(s) Name(s)

Telephone

Physician's Certification

I certify that I have examined the above-named student and find the student physically fit to fully participate in the school sport(s) listed below, except those crossed out, without restriction:

Basketball

Flag Football

Soccer

Cross Country

Track & Field

Volleyball

Rugby

Special Olympics of Colorado

Additional Comments:

Date of Examination: _____ (Valid for 365 days unless rescinded)

Physician Name (Printed)

Phone Number

Physician Signature

Date