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Grace Lutheran School Athletics

Physical Exam Form

Please Note:

Grace follows the same W.I.A.A. physical examination rules.

- An examination taken after April 1st is good for the following TWO SCHOOL YEARS!
- An examination taken before April 1st is good for the remainder of that school year and the following school year.

NAME (LAST) _____ (FIRST) _____

GRADE _____ AGE _____ SEX _____

The above named student has been examined and there are not apparent contraindications to participating in interscholastic athletic activities except as follows:

Sports or school activities in which the above student cannot participate are (if none – write NONE):

Signature of Licensed Physician or Surgeon:

Date:

Date of Examination: _____

Address _____

City _____ State _____

Telephone Number _____ Fax _____

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