

# LA CONNER SCHOOL DISTRICT

## PHYSICAL EXAMINATION UPDATE

(Statement For Continued Participation)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_ Grade 8 9 10 11 12  
(circle one)

WIAA Regulation - PHYSICAL EXAMINATION - Prior to the first practice for participation in interscholastic athletics in a middle level school and prior to participation in a high school, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. This physical examination must include, but not necessarily be limited to:

- A. Documentation of a detailed review of the student's medical history with special attention to presence or absence of cardiovascular/pulmonary risks and/or previous significant injury and rehabilitation therefrom.
- B. Documentation of satisfactory examination of the cardiopulmonary system.
- C. Documentation of satisfactory sport specific orthopedic screening examination.
- D. A written statement by the examiner as to the fitness of the student to undertake the proposed athletic participation, together with suggestion for activity modification if necessary.

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### EXAMINER'S CERTIFICATION:

Date of last complete physical examination \_\_\_\_\_

I hereby certify that the above-named individual's physical condition is adequate to participate in supervised interscholastic activities NOT CROSSED OUT BELOW:

BASEBALL BASKETBALL CROSS COUNTRY DANCE/DRILL FOOTBALL  
GOLF GYMNASTICS SOCCER SOFTBALL SPIRIT SWIMMING TENNIS  
TRACK VOLLEYBALL WRESTLING Other\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Examiner's Name (Print)

### MEDICAL AUTHORITIES LICENSED TO GIVE PHYSICAL EXAMINATIONS

- |                                       |  |
|---------------------------------------|--|
| 1. Medical Doctor (MD)                | 4. Medics - Physician Assistant (P.A.) |
| 2. Doctor of Osteopathy (D.O.)        | 5. Naturopaths (N.D.)                  |
| 3. Certified Nurse Practitioner (CRN) |  |