



Poudre School District  
 2407 LaPorte Ave  
 Fort Collins, CO 80521  
 970-482-7420

## 2018-19 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.) \_\_\_\_\_  
 Student ID#

\_\_\_\_\_  
 Student's 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    | Football | Tennis        | Softball   | Wrestling |
| Cross Country | Golf     | Track & Field | Volleyball |           |

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Examination \_\_\_\_\_ (Valid for 365 days unless rescinded)

\_\_\_\_\_  
 Physician Name (Printed) \_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Physician Signature \_\_\_\_\_  
 Date