

DRIFTLESS UNITED FUTBOL



ATHLETIC PERMIT

PHYSICIAN/PROVIDER COMPLETES

All players must submit this form every year-physical is required every 2 years.

Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

Player's Last Name _____ First Name _____ Middle Initial _____

M/F _____ Birthday ____/____/____ Age _____ Entering Grade in Fall _____

School _____ City _____

Cleared without restriction

Cleared, with recommendation for further evaluation or treatment for: _____

Not cleared for All sports Certain sports: _____

Reason: _____

Recommendations: _____

SIGNATURE OF LICENSED PHYSICIAN (MD or DO*) _____

OR APNP: _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Date of Examination _____

*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic with which the physician is affiliated.

ALL STUDENTS PARTICIPATING IN DRIFTLESS UNITED ATHLETIC FUTBOL LEAGUE MUST HAVE THIS FORM ON FILE WITH REGISTRAR (SUZIE HOWE) PRIOR TO PRACTICE ON 8/15/2015