MEDICAL EVALUATION REPORT

Directions: Print this document, have your doctor fill it out, then return this signed form along with any other required documents to your building’s athletic secretary.

**Tahoma School District policy requires that:**

* **Physicals are required for all active athletes. Managers are exempt.**
* **Physicals are valid for 24 months from the date of the examination.**

**WIAA Rule 18.13.4**

* **Physical expiration dates must extend beyond the respective WIAA season ending date. Expiration dates occurring within a sport season shall require a new examination prior to that season.**

PHYSICIAN’S REPORT:

Patients Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Physical Examination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clearance for FULL participation in Tahoma School District athletics: Yes \_\_\_\_ No \_\_\_\_

Physical limitations and/or recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physicians’ Name (print or type Phone Number Clinic Address

Physician’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_