



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

2023-2024 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	Girls Volleyball	Unified Basketball

Additional Comments:

Date of Examination _____ (Valid for 365 days unless rescinded)

 Physician Name (Printed) _____
 Phone Number

 Physician Signature _____
 Date