



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

2024-2025 High 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:

Baseball	*Field Hockey	*Ice Hockey	Soccer	Girls Volleyball	Unified Cheer
Basketball	Football	*Lacrosse	Swimming	Wrestling	Unified Flag Football
*Boys Volleyball	Golf	*Nordic Skiing	Tennis	*Girls Wrestling	Unified Soccer
Cheer/Dance	*Gymnastics	Softball	Track/Field	Unified Basketball	

*List of District-sponsored sports

Additional Comments:

Date of Examination _____ (Valid for 365 days unless rescinded)

 Physician Name (Printed) Phone Number

 Physician Signature Date