



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

2017-18 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	Cheer/Dance	Field Hockey	Golf	Ice Hockey	Soccer	Swimming	Track & Field
Basketball	Cross Country	Football	Gymnastics	Lacrosse	Softball	Tennis	Volleyball
SOCO [†] Basketball	SOCO Cheer		SOCO Flag Football	SOCO Soccer	Wrestling		

Additional Comments:

Date of Examination _____ (Valid for 365 days unless rescinded)

 Physician Name (Printed)

 Phone Number

 Physician Signature

 Date

[†] Special Olympics of Colorado