



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

## 2019-2020 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	<input type="checkbox"/> Male	<input type="checkbox"/> 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	Volleyball	+SOCO Basketball

Additional Comments:

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Date of Examination \_\_\_\_\_ (Valid for 365 days unless rescinded)

Physician Name (Printed)	Phone Number
Physician Signature	Date