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

2019-20 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
			Gymnastics	Lacrosse			
Basketball	Cross Country	Football	Lacrosse	Nordic Skiing	Softball	Tennis	Volleyball
SOCO† Basketball		SOCO Cheer		SOCO Flag Football		SOCO Soccer	Wrestling

Additional Comments:

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Date of Examination _____ (Valid for 365 days unless rescinded)

Physician Name (Printed) _____ Phone Number _____

Physician Signature _____ Date _____

† Special Olympics of Colorado