

**Hartland-Lakeside School District  
Athletic Participation – Physical Examination Form**

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_

GRADE: \_\_\_\_\_

SCHOOL: (circle one) NSMS Hartland North Hartland South

SEX: Male Female

The above named student has been examined and there are no apparent contraindications to participating in school sports activities, except as noted below:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF LICENSED PHYSICIAN\*\* \_\_\_\_\_

OR ADV. PRACTICAL NURSE PRESCRIBER \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of this Examination: \_\_\_\_\_

\*\*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this card with the physician's signature or the name of the clinic with which the physician is affiliated. \*\*

**ALL STUDENTS PARTICIPATING IN ATHLETICS MUST HAVE THIS CARD  
ON FILE AT SCHOOL TO PRACTICE OR PARTICIPATE.**

Examinations given after April 1 is good for the following TWO SCHOOL YEARS.

Examinations given before April 1 is good for the remainder of that SCHOOL YEAR and the following SCHOOL YEAR.