

**TRINITY LUTHERAN INTERSCHOLASTIC ATHLETICS PHYSICAL EXAMINATION CARD**  
**\*APPROVAL FOR TWO YEARS OF MIDDLE SCHOOL COMPETITION**  
**(Print or Type)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last M.I. First

Place of Birth (County & State) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

The above named student has been examined and there are no apparent contraindications to participating in interscholastic activities except as follows.

Sports or school activities in which this student cannot participate are (if none, write NONE)

If student is restricted or disqualified, please indicate reason(s): \_\_\_\_\_

\*If approved only one year, check here

Signature of Licensed Physician or Surgeon \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City ST Zip

**ALL BOYS & GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS  
MUST HAVE THIS CARD ON FILE PRIOR TO PRACTICE OR PARTICIPATION**