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