ARAPAHOE HIGH SCHOOL
ATHLETIC PHYSICAL FORM

Mr. Pat McCabe – Athletic Director **Mrs. Janelle Weems – Athletic Secretary**
2201 E Dry Creek Rd Centennial, CO 80122
(303)347-6021 FAX (303) 347-6004
www.ahswarriors.org

ATHLETE INFORMATION

Name ____ Gender _____ Grade 9 10 11 12

Address ____ Phone ___________________________

City & Zip ____

Parent/Legal Guardian ____

Who do you live with? _____Parents _____Legal Guardian _____Relative Other (please specify) _________________

PHYSICAL EXAMINATION INFORMATION

All student-athletes are required to have a statement on file with the athletic office signed by a practicing physician certifying the athlete has passed an adequate physical examination and is physically fit to participate in high school athletics. If significant intervening illness and/or injuries have occurred, a more complete examination should be conducted. If an athlete has been injured in practice or competition, the nature of which required medical attention, then the athlete will not be permitted to return to practice and/or competition until he/she has received a release from a practicing physician. **Athletes will not be allowed to practice or participate until a physician's statement is on file in the Athletic Office.**

PHYSICIAN PERMIT FOR ATHLETIC PARTICIPATION

(PHYSICAL EXAMINATIONS ARE GOOD FOR ONE YEAR)

I hereby certify that I have examined ____
and that this student is found physically fit to engage in high school sports (except as listed).

Student's birth date _________________________________ Date of examination ____________________________________

Clearance (please choose one)

- **A. Cleared**
- **B. Cleared after completing evaluation/rehabilitation for** ____
- **C. Not Cleared for** ( ) **Collision**
  - ( ) **Contact**
  - ( ) **Non-Contact** **__Strenuous** **__Moderately Strenuous** **__Non-Strenuous**

Recommendations ____
____

Name of Physician/PA/Nurse Practioner/Certified-Registered Chiropractor (PLEASE PRINT)
____

Address ____
Phone ____
Signature of MD/DO, PA, NA, DC-SPC ____

*** HOME OF THE WARRIORS ***