

LITTLETON HIGH SCHOOL PHYSICAL FORM

Athletic Fax: 303-347-7775



ATHLETE INFORMATION

Name _____ Gender _____ Grade _____

Address _____ Phone _____

City _____ Zip _____

Parent/Legal Guardian _____

Sport(s) _____

The Physicals Permit for Athletic Participation is mandatory for all students participating in athletics. A hard copy of the physical **MUST** be submitted to the Athletic Office before any student is eligible to participate. Physicals are good for **ONE YEAR ONLY (365 days)**. If the physical on file expires the athlete becomes ineligible to participate until a new current physical is submitted to the Athletic Office. You may use the *Physicians Permit For Athletic Participation* Form below or submit the clearance form you received from the physician (physician's form must state the student is cleared to participate in sports). ***Athletes will not be allowed to participate or practice until a current physical is on file in the Athletic Office.***

**PHYSICIANS PERMIT FOR ATHLETIC PARTICIPATION:
Physical examinations are good for ONE year (365 days)**

I hereby certify that I have examined _____ and that the student was found physically fit to engage in high school baseball, basketball, cheerleading, cross country, football, golf, gymnastics, ice hockey, lacrosse, poms, soccer, softball, swimming, tennis, track, volleyball, and wrestling. *(Please cross out any sport in which the student should not participate.)*

Student's birth date _____ Physician Recommendations _____

Please Print Physicians Name _____ Phone Number _____

Date of physical exam _____

Signature of MD, DO, NP, PAC, or DC