

WIAA - ATHLETIC PERMIT 20/21

Signed by Physician - Please Print or Type

Name _____ Grade _____ Grad Year _____

School: Marquette High School, Milwaukee, WI 53208

The above named student has been examined and there are no restrictions to participating in interscholastic activities except as follows: (list sports or activities in which the student cannot participate - if none – write none:

SIGNATURE OF LICENSED PHYSICIAN: _____

OR APNP: _____

Address: _____ City _____ St _____ Zip _____

Telephone _____ Date of Examination _____

Examination Facts: Height _____ Weight _____ Pulse _____ Blood Pressure _____

List any abnormal findings re: skin, eye, ears, nose, throat, teeth, neck, lungs, heart, chest, liver, spleen, and spine: _____

Joint Function: List any abnormalities re: the neck, shoulders, elbows, wrists, hands, hips, knees, ankles, and feet: _____

Other: List any neurological abnormalities re: hernia, genitalia, HGB or hematocrit, or urinalysis: _____

WIAA RULE – STUDENT PARTICIPATING IN TRY-OUTS OR ATHLETICS DURING THE ABOVE SCHOOL YEAR MUST HAVE ON FILE IN THE ATHLETIC OFFICE, Physical examination taken April 1, 2019 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.

STUDENT MEDICAL HISTORY 20/21

Name _____ Grade Level _____ FR SO JR SR YR _____
Please Print Circle

This medical history form must be completed annually by the parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition, which would make it hazardous to participate in an athletic event. **All students must have this form on file at their school prior to practice or participation in any sport.**

Please use the lines below to explain any questions answered - yes.

- | | | | |
|---|-----|--------------------------------------|-----|
| 1. During the past 12 months: | | 7. Is he missing any paired organ | |
| 2. a. Was he hospitalized? | Y N | (eye, kidney, etc.)? | Y N |
| b. Did he have any injuries requiring medical attention? | Y N | 8. Is he wearing any removable | |
| c. Did he have any illness lasting more than one week? | Y N | dental appliance? | Y N |
| 2. Does he take medication regularly? | Y N | 9. Is he allergic to any medication? | |
| 3. Is there any reason to limit his participation in any sport? | Y N | (aspirin, Tylenol)? | Y N |
| 4. Has he had a concussion or been knocked unconscious? | Y N | | |
| 5. Has he ever had a convulsion? | Y N | | |
| 6. Is he now under a doctor's care? | Y N | | |

Parent Signature _____ Date _____