



JEFFCO
PUBLIC SCHOOLS

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

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

DATE of PHYSICAL: _____
(Valid 365 days unless rescinded)

SIGNED by : _____ SIGNATURE: _____
Physician, Physicians Asst. or Nurse Practitioner