



Poudre School District
 2407 LaPorte Ave
 Fort Collins, CO 80521
 970-482-7420

2019-2020 Middle School Physician Certification of Student Fitness for Athletic Participation

This form, as well as an Athletic Participation Permission and Release form, must be completed and submitted to the school of athletic participation as designated below before the student will be allowed to practice or compete in school sport(s).

Student Information – To be completed by student or parent/guardian

Student's Name (Last, First, M.I.) _____ Student ID# _____

Student's Date of Birth _____ Male Female

Student's Street Address _____ City _____ State _____ Zip Code _____

School of Athletic Participation _____

Parent(s)/Guardian(s) Name(s) _____ Telephone _____

Physician's Certification

I certify that I have examined the above-named student and find the student physically fit to fully participate in the school sport(s) listed below, except those crossed out, without restriction:

Basketball	Football	Tennis	Softball	Wrestling
Cross Country	Golf	Track & Field	Volleyball	+SOCO Basketball

Additional Comments:

Date of Examination _____ (Valid for 365 days unless rescinded)

Physician Name (Printed) _____

Phone Number _____

Physician Signature _____

Date _____