

PHYSICAL CARD	WIAA ATHLETIC PERMIT CARD – [Physician's Use Only]	
	All students participating in Interscholastic Athletics must have this card on file at their school <u>prior to practice or participation</u> .	
	The above-named student has been examined and may participate in interscholastic athletic activities except as follows (if none, write "none" or explain restrictions): _____	

	Allergies/Other Medication Information: _____	
Hospital/Clinic Affiliation: _____ Phone _____		
Address/City/State: _____		
Signature of Licensed Physician (MD or DO)/APNP _____		
Date of Exam: _____		
*Physicians may authorize Nurse Practitioners or Physician Assistants to stamp this form with the physician's signature or the name of the clinic the physician is affiliated with.		
PHYSICIAN: PLEASE ADD CLINIC STAMP ← Please remember to sign and date.		