PHYSICIAN'S EVALUATION REPORT

STUDENT NAME (PRINT): ___________________________ DATE OF PHYSICAL EXAMINATION: __________

<table>
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<tr>
<th>Medical Examiner's name (Print or type)</th>
<th>Phone number</th>
<th>Clinic Address</th>
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Medical Examiner's signature

Clearance for participation in Auburn School District athletics:  
☐ Yes  ☐ No

Physical limitations and/or recommendations:


To be filled out for middle school wrestlers:
If ________________ competes in wrestling, the minimum weight should be no less than _____ pounds.

Student Name (Print or Type)