

Student Name \_\_\_\_\_ ASB Number \_\_\_\_\_ Athletic Card No \_\_\_\_\_

**PHYSICIAN'S EVALUATION REPORT**

STUDENT NAME (PRINT): \_\_\_\_\_ DATE OF PHYSICAL EXAMINATION: \_\_\_\_\_

Medical Examiner's name (Print or type) \_\_\_\_\_ Phone number \_\_\_\_\_ Clinic Address \_\_\_\_\_

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) \_\_\_\_\_