



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

## 2020-2021 High 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:

Baseball	Field Hockey	Ice Hockey	Softball	Volleyball	*SOCO Flag Football
Basketball	Football	Lacrosse	Swimming	Wrestling	*SOCO Soccer
Cheer/Dance	Golf	Nordic Skiing	Tennis	*SOCO Basketball	
Cross Country	Gymnastics	Soccer	Track/Field	*SOCO Cheer	

Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Examination \_\_\_\_\_ (Valid for 365 days unless rescinded)

\_\_\_\_\_  
 Physician Name (Printed) \_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Physician Signature \_\_\_\_\_  
 Date

\* Special Olympics of Colorado