

ARCHDIOCESE OF MILWAUKEE-St. Sebastian YAC
Physical Examination Form (Form 6145(c)) 5th- 8th Grade -PINK
Good for Two Years from Date of Exam

Physical Exam cannot be taken before April 1st

ALL STUDENT PARTICIPATION IN ST SEBASTIAN'S INTERSCHOLASTIC ATHLETICS MUST
HAVE THIS FORM SUBMITTED TO THE YAC REGISTRATION COORDINATOR PRIOR TO
PARTICIPATION IN ANY PRACTICES OR PARTICIPATION.

Student's Name:

Last

Middle Initial

First

Place of Birth :(City & State) _____ Age _____ Sex _____

Date of Birth: _____ Weight _____ Height _____

Grade: _____ School: Saint Sebastian's City: Milwaukee, Wisconsin

The above named student has been examined and there are no apparent restrictions to participate in interscholastic activities except as follows:

Sports or school activities in which the student CANNOT participate are the following: If none-write NONE

*If approved for only one year of competition, please check here: _____

Name of Licensed Physician/Clinician: _____

(Print Name Please)

Signature of Licensed Physician/Clinician: _____

Physician/Clinician/Clinic Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Date of Examination: _____