

**STEAMBOAT SPRINGS HIGH SCHOOL**  
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**ATHLETIC SPORTS PHYSICAL FORM**

**PLEASE PRINT**

Student's Name: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

"I certify that I have on this date examined this student and that, on the basis of this examination and the student's medical history as furnished to me, I have found no reason which would make it inadvisable for this student to compete in supervised athletic activities, except for: \_\_\_\_\_

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

Date of Examination: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_