

## MEDICAL EVALUATION REPORT

Directions: Print this document, have your doctor fill it out, then return this signed form along with any other required documents to your building's athletic secretary.

### Tahoma School District policy requires that:

- **Physicals are required for all active athletes. Managers are exempt.**
- **Physicals are valid for 24 months from the date of the examination per WIAA Rule.**
- **Physical expiration dates must extend beyond the respective WIAA season ending date.**  
**Expiration dates occurring within a sport season shall require a new examination prior to that season.**

### PHYSICIAN'S REPORT:

Patients Name: \_\_\_\_\_

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

Clearance for FULL participation in Tahoma School District athletics: Yes \_\_\_\_ No \_\_\_\_

Physical limitations and/or recommendations: \_\_\_\_\_

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

Physicians' Name (print or type)

Phone Number

Clinic Address

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_