



OXBOW HIGH SCHOOL Athletics
 Physical Examination/Physician's Statement



Jean Wheeler, Interim Principal Brianne Barnes, Activities/Athletic Director Joseph Donarum, Dean of Students

Sports: _____

Any student who has not had a physical **within the last 2 years** must have this form completed and **submitted to the Nurse's office before** the start of his/her sports season. A student **athlete may not practice without an up-to-date physical**. New students with up-to-date physicals may provide their own copies of their current physicals attached to this form. **You may fax your paperwork to 802-222-5847**

PLEASE PRINT:

_____ GRADE _____
 (Last Name) (First Name)

STREET _____ CITY _____
 -

STATE _____ ZIP _____ PHONE() _____

Date Of Birth _____

NAME OF PARENT/LEGAL
 GAURDIAN _____

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, found no reason to render supervised athletic activity medically inadvisable for this student.

LIST ANY LIMITATIONS OXBOW SHOULD BE AWARE OF

**NAME OF ATTENDING PHYSICIAN (PLEASE PRINT)
EXAMINATION**

DATE OF

____/____/____

ADDRESS_____

PHYSICIAN SIGNATURE

**For more information contact:
Brienne Barnes-Activities/Athletic Director
Phone-802-222-5214 ext.158
bbarnes@oxbowhs.org**