



Athletic Medical Certification

The University of Wisconsin Colleges requires that all individuals provide written proof that they are physically qualified to participate in intercollegiate athletics.

I, Doctor _____ (Medical Doctor)
certify that _____ (student-athlete) is
physically qualified to participate in intercollegiate athletics at UW – Marinette for the
20__ - ____ academic year.

Restrictions (list below):

Physician's Signature

Address

Telephone

Date

NOTE TO THE DOCTOR: The University of Wisconsin assumes that you have recently examined this individual, and that this medical examination is the basis for your certification.

Unless otherwise indicated, this physical exam will allow the above listed athlete to participate in the intercollegiate athletic program at UW – Marinette for **two consecutive** academic years from the date of examination.

*Athletes are required to have a physical prior to practicing with their respective team.