



WBS KNIGHTS

PHYSICAL EXAMINATION--TO BE COMPLETED BY A PHYSICIAN

All players in the youth ice hockey program for the Wilkes-Barre/Scranton Knights must have this form on file with the program prior to starting the season.

ATHLETE'S NAME:

DATE OF BIRTH:

AGE:

SEX:

HEIGHT:

WEIGHT:

Physician's Recommendations and Examination

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

CLEARED WITHOUT RESTRICTION TO PLAY ICE HOCKEY

CLEARED WITH THE FOLLOWING QUALIFICATIONS:

NOT CLEARED

REASON:

PHYSICIAN NAME (PRINT):

PHYSICIAN SIGNATURE:

PHYSICIAN ADDRESS:

PHYSICIAN PHONE:

DATE OF EXAMINATION: