



## ATHLETIC MEDICAL CERTIFICATION

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

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I, Doctor \_\_\_\_\_ (Medical Doctor) certify that  
\_\_\_\_\_ is physically qualified to  
participate in intercollegiate athletics for the 20 \_\_\_\_ academic year.

\_\_\_\_\_  
(Doctor's Signature)

\_\_\_\_\_  
(Doctor's Address)

\_\_\_\_\_  
(Date)

**\*\*\* Note to Doctor:** The University of Wisconsin assumes that you have recently examined this individual, and that this medical examination is the basis for your certification.