



BARABOO/SAUK COUNTY

A Campus of the University of Wisconsin Colleges

UNIVERSITY OF WISCONSIN COLLEGES
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 \_\_\_\_\_(Please Print)

Certify that \_\_\_\_\_ is physically qualified to participate in intercollegiate athletics for the 20\_\_ - 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. Thank You.