

UNIVERSITY  WISCONSIN

MARATHON COUNTY

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 _____ (Medical Doctor), certify that:

_____ **is physically qualified to participate in**

intercollegiate athletics for the 20_____ - _____ academic year.

(Doctor's Signature) _____

(Doctor's Name) _____

(Doctor's Address) _____

(Date) _____

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