



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.

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

_____(Doctor's Signature)

_____(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.

