

Isle of Wight Academy

Post Office Box 105 • 17111 Courthouse Hwy. • Isle of Wight, Virginia 23397

(757) 357-3866 • Fax: (757) 357-6886

Physical and Medical Authorization For Athletic Participation

Student's Name: _____

Birthdate: _____ Height: _____ Weight: _____

Does the student wear contacts or glasses? _____

Please check the prospective student athlete for any physical limitations that would preclude participation in athletics at Isle of Wight Academy. If there are any limitations or sports which you would recommend that the student be excluded from, please list those below. Thank You.

I certify that I have given a physical examination to _____
and have found him/her physically fit and able to participate in school athletic programs,
including Junior Varsity and Varsity sports.

Physician's Name: (Printed) _____

Physician's Signature: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Date of Exam: _____

Limitations *or* sports to be excluded: _____

