



**Wisconsin Collegiate Conference  
UW-Manitowoc Blue Devils  
Student – Athlete Medical Certification**



The University of Wisconsin Colleges requires that all individuals provide written proof that they are physically qualified to participate in intercollegiate athletics. This medical certification form must be signed and dated by medical doctor and returned to the Athletic Director prior to athletic participation. This document is good for two seasons of intercollegiate participation. Please inform the coach, Athletic Director, and/or other medical professionals if your health status changes or any contact information needs to be updated.

**Student-Athlete Emergency Information**

- In the event of an emergency please contact:

Name	Relation	Contact Number(s)
- 1 <sup>st</sup> Contact person: _____	_____	_____
- 2 <sup>nd</sup> Contact person: _____	_____	_____

- In the event of an emergency, this information may be useful for medical reasons. This information is optional and voluntary and will only be shared in a medical emergency with medical professions (EMT, First responders, doctors, nurses, athletic trainers, coaches, athletic director, etc.).

- Medical conditions/diagnoses: \_\_\_\_\_
- Previous surgeries/injuries: \_\_\_\_\_
- Current medications: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

**Medical Doctor Clearance for Athletic Participation:**

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

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

Doctor's signature: \_\_\_\_\_

Doctor's Office address: \_\_\_\_\_  
\_\_\_\_\_

Date of physical: \_\_\_\_\_

Additional comments: \_\_\_\_\_