



DWS High School

Sports Physical Form

Student's Name: _____

Date of Birth: _____

Date of Physical Exam: _____

Authorization expires 365 days after date of physical.

Can't remember date of your last physical?

Contact Christa Gustafson in the Main Office

303-777-0531 x100 or email DWS@denverwaldorf.org

Physician's Certification

I have examined this student and find him/her to be physically fit to engage in all sports or physical education activity at The Denver Waldorf School.

Physician's Comments

Please note any medical conditions or health concerns that may affect this student's participation in sports or physical education activities:

Name of Physician (please print)

Signature of Physician