

Mid-Pacific Athletics

Temporary Doctor's Note

Your son/daughter may have a scheduled event between the **expired physical examination date** and the **next physical examination date**, in order to participate at the scheduled event we request that your physician submit the following information that will clear him/her for all activities.

Date: _____

Under my care, (Student-Athlete's Name) _____.

is cleared for all athletic activities until the completion of his/her next physical examination on (DATE)_____.

Doctor's printed name: _____

Doctor's Signature: _____

Please fax completed form to Mid-Pacific Athletics at 973-5086. Mahalo!

