

**SPORTS MEDICAL RELEASE FORM**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

SEX : M \_\_\_\_\_ F \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ B/P \_\_\_\_\_ P \_\_\_\_\_

**IS THERE HISTORY OF:**

Diabetes \_\_\_\_\_

Fracture \_\_\_\_\_

Epilepsy \_\_\_\_\_

Dislocation \_\_\_\_\_

Seizures \_\_\_\_\_

Knee Problems \_\_\_\_\_

Asthma \_\_\_\_\_

Other Joints \_\_\_\_\_

Hernia \_\_\_\_\_

Operations \_\_\_\_\_

Heart Disease \_\_\_\_\_

Lung Disease \_\_\_\_\_

**ALLERGY:**

Date of Last Tetanus Shot \_\_\_\_\_

Pollen \_\_\_\_\_

Regular Medications \_\_\_\_\_

Insect \_\_\_\_\_

Drugs \_\_\_\_\_

**PHYSICAL EXAMINATION ( N – NORMAL , P – PATHOLOGY )**

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Hernia \_\_\_\_\_

Abdomen \_\_\_\_\_

Orthopedic \_\_\_\_\_

Abnormalities \_\_\_\_\_

Extremities \_\_\_\_\_

Tanner Stage \_\_\_\_\_

Selection Classification \_\_\_\_\_ ( if necessary )

Sport : \_\_\_\_\_

REMARKS : \_\_\_\_\_

REASON FOR REJECT : \_\_\_\_\_

Indicate any known congenital defects : \_\_\_\_\_

The above exam shows satisfactory condition to engage in INTERSCHOLASTIC ATHELETICS,

YES \_\_\_\_\_ NO \_\_\_\_\_

DATE OF EXAM : \_\_\_\_\_

Signature of Physician : \_\_\_\_\_