



2015/2016 ATHLETIC MEDICAL AUTHORIZATION

Please Print (Last Name) (First Name) (Initial)

Grade
Birth date
Eyes R L Glasses Hearing: R L
Height Weight
Ear, Nose, Throat
Lungs
Diabetes
Pulse
Blood Pressure and Heart Heart Murmur
Deformities or Present Illness
Prosthesis
Hernia Evidence Concussion Epilepsy
Other
Would athletic competition be injurious?

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

Date Signature of Examining Physician

Health History

- allergy to bee sting heart murmur
anemia hepatitis
arthritis hernia
asthma hives
concussion kidney trouble
diabetes migraine headaches
eczema pneumonia
emotional problems rheumatic fever
epilepsy other
fainting

Operations: (Include this year)

Fractures: (Include this year)

To which drugs is the student allergic?

If student is now under medical treatment, list reason and attending doctor: