



DESALES CATHOLIC SCHOOL

Challenged by Faith. Inspired by Knowledge.

MEDICAL RELEASE FOR SPORTS PARTICIPATION

NAME _____ PHONE # _____

SEX: M ___ F ___ DATE OF BIRTH _____ GRADE _____

HT _____ WT _____ B/P _____ P _____

IS THERE HISTORY OF:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Fracture	Regular medications: _____
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dislocation	_____
<input type="checkbox"/> Seizures	<input type="checkbox"/> Knee Problems	Date of last Tetanus shot _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Other Joints	_____
<input type="checkbox"/> Hernia	<input type="checkbox"/> Operations	
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lung Disease	

ALLERGIES:

Pollen
 Insect
 Drugs (please list) _____
 Other (please list) _____

PHYSICAL EXAMINATION (N-NORMAL, P-PATHOLOGY)

<input type="checkbox"/> Heart	<input type="checkbox"/> Lungs
<input type="checkbox"/> Hernia	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Abnormalities
<input type="checkbox"/> Extremities	<input type="checkbox"/> Tanner Stage

Indicate any known congenital defects:

ADDITIONAL COMMENTS:

The above exam shows satisfactory condition to engage in athletic participation. YES ___ NO ___

SPORT: baseball volleyball basketball
(circle all sports with permission to participate) soccer swimming softball
lacrosse track/field

REASON FOR DENIAL OF PERMISSION :

Signature of Physician: _____ Date of Exam _____