

**ATHLETIC MEDICAL AUTHORIZATION**

\_\_\_\_\_  
Please Print: (Last Name) (First Name) (Initial)

Grade\_\_\_\_\_

Birthdate\_\_\_\_\_

Eyes R\_\_\_\_\_ L\_\_\_\_\_ Glasses\_\_\_\_\_ Hearing R\_\_\_\_\_ L\_\_\_\_\_ Height\_\_\_\_\_ Weight\_\_\_\_\_

Ear, Nose, Throat\_\_\_\_\_ Lungs\_\_\_\_\_

Urinalysis\_\_\_\_\_ 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

\_\_\_\_\_anemia

\_\_\_\_\_arthritis

\_\_\_\_\_asthma

\_\_\_\_\_concussion

\_\_\_\_\_diabetes

\_\_\_\_\_eczema

\_\_\_\_\_emotional problems

\_\_\_\_\_epilepsy

\_\_\_\_\_fainting

\_\_\_\_\_heart murmur

\_\_\_\_\_hepatitis

\_\_\_\_\_hernia

\_\_\_\_\_hives

\_\_\_\_\_kidney trouble

\_\_\_\_\_migraine headaches

\_\_\_\_\_pneumonia

\_\_\_\_\_rheumatic fever

\_\_\_\_\_other

\_\_\_\_\_

operations:\_\_\_\_\_

(Include year)

fractures:\_\_\_\_\_

(Include year)

To which drugs is the student allergic?\_\_\_\_\_

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

\_\_\_\_\_

