

2007-08 PHYSICAL EXAMINATION REPORT

_____ Athlete's name	_____ Birth date	Male Female (Circle one)
_____ Street address	_____ Grade for 2007-2008 school year	
_____ Home phone		

To be completed by Physician:

I certify that I have examined the above student and recommend him/her for supervised athletic activities at Holy Name.

Additional comments, if any: _____

List allergies to medications and any possible reactions: _____

List current medications that may impact the athlete during the activity: _____

Physician's signature

Date (must be after April 15, 2007)

Physician's printed name

In the event a student-athlete is injured, and the injury has caused the athlete to seek a doctor's care, regardless of where the injury occurred, that athlete must have a written medical release signed by his or her doctor in order to participate in any Holy Name athletic event, tryout, or practice which occurs after said injury.