

**PHYSICIAN STATEMENT**

**Date of Exam:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Current Physician:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone # :** \_\_\_\_\_

**List any allergies, pre-existing conditions, or medications you are taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**On the basis of the above examination, together with the medical history furnished to me by the student's parent or guardian, I have found no indications of physical or medical reason which would make it inadvisable for the above student to engage in supervised athletic activities, except as indicated above.**

\_\_\_\_\_  
**Physician's Signature**