

ALBANY HIGH SCHOOL
MEDICAL EXAMINATION CLEARANCE FOR ATHLETIC PARTICIPATION

To be complete, form must be signed by Parent or Guardian and Physician.
(Note: All sections must be filled out.)

Student _____ Birthdate _____ Grade _____ School year 20____ - ____
(Please print)

Address _____ City _____ Zip _____

Parent Name _____
(Please print)

Phone: Home: _____ Work: _____

PHYSICIAN'S CONSENT TO PARTICIPATE AND FOR MEDICAL TREATMENT:

I hereby certify that the above named student was given a physical examination by me on (date) _____ and found physically fit to engage in the above interscholastic sports, including Football.

COMMENTS -- RESTRICTIONS -- EXCEPTIONS for athletic participation: **(IF NONE, PRINT "NONE")**. _____

Signature of Physician **(X)** _____ License Number: _____ Date: _____, 20____

Please print Doctor's Name _____

Medical Group -- Clinic -- Hospital: _____ Address: _____

This form is only valid for the current school year.