

**ALBANY HIGH SCHOOL**  
**MEDICAL EXAMINATION CLEARANCE FOR ATHLETIC PARTICIPATION**

To be complete, form must be signed by 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: \_\_\_\_\_

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**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")**. \_\_\_\_\_

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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.**