

St. Francis Xavier 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:_____

