

St. Andrew's Country Day School
1545 Sheridan Drive
Kenmore, NY 14217

Appendix A

Complete annually, give to students by June for next school year. Keep on file in school for each athlete.

Sports Medical Release Form

Name _____ Phone # _____

Sex: M _____ F _____ Date of Birth _____ Grade _____

HT _____ WT _____ B/P _____ P _____

Is There History of:

Diabetes _____	Fracture _____
Epilepsy _____	Dislocation _____
Seizures _____	Knee Problems _____
Asthma _____	Other Joints _____
Hernia _____	Operations _____
Heart Disease _____	Lung Disease _____
Allergy _____	Pollen _____
Insect _____	Drugs _____

Date of Last Tetanus Shot _____

Regular Medications _____

Physical Examination (N - Normal , P - Pathology)

Hear _____	Lungs _____
Hernia _____	Abdomen _____
Orthopedic _____	Abnormalities _____
Extremities _____	Tanner Stage _____

Selection Classification _____ (if necessary)

Sport: _____

Remarks: _____

Reason for Reject: _____

Indicate ANY known congenital defects: _____

The above exam shows satisfactory condition to engage in INTERSCHOLASTIC ATHLETICS
Yes _____ No _____

Date of Exam _____

Signature of Physician _____