

Sports Participation Health Form

I examined _____ on _____.
(Name of Student) (Date)

I find him/her to have the following diagnosis:

1. _____ Well child.
2. _____ Other: explain.

This child may participate in school athletics:

1. _____ Fully - unrestricted.
2. _____ Restricted: explain.

This child is on the following medicines:

1. _____ None.
2. _____
3. _____
4. _____

This child has the following allergies:

1. _____ None.
2. _____
3. _____
4. _____

Sincerely,

_____, M.D.
(Signature)

Appendix C

Adopted: Blue Hill School Committee - August 9, 1989

Amended: Blue Hill School Committee - July 7, 2004