



2019-2020 Archbishop Riordan High School Medical Examination and Release Form

It is the policy of Archbishop Riordan High School that this form must be completed and uploaded to SportsNet prior to a student's participation in any interscholastic activity, including team practices. Please complete this form, **retain a copy for your records** and upload online to the **Archbishop Riordan SportsNet site**.

Student's Name: _____ DOB: / / **Grade:** 9 10 11 12

Address: _____ City/State: _____ Zip: _____

Exam to be Completed by Physician

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

- Not Cleared for All Sports
- Not Cleared for Certain Sport: _____ Reason: _____

Recommendations: _____

Emergency Information

Health History: _____

Other Information:

Name of Physician (print/type): _____ Date: _____

Address: _____ Phone: _____

Signature of Physician: _____