

# RIORDAN ATHLETICS

## 2020–2021 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: \_\_\_\_\_