



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](#). **Forms that are mailed or emailed will not be accepted.**

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: _____

Questions? Please email the Athletic Department at athletics@riordanhs.org