

FCA Cross Country Medical Release Form

Medical Evaluation of Student for Participation in Cross Country

Part 1: To be completed by Parent or Guardian and submitted to the physician before the physical exam.

Student's Name: _____ Date of Birth: _____

List all known pre-existing conditions, prior injuries or congenital problems:

List all known allergies:

Medication(s) currently taken:

Parent Signature: _____ Date: _____

Part 2: To be completed by the examining physician:

Examining Physician: _____ Physical Examination Date: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Identify if normal or abnormal, please explain any abnormal findings:

Vision _____ Hearing _____

Oropharynx _____ Respiratory _____

Neuromuscular _____ Cardiovascular _____

Spine _____ Abdomen (hernia, spleen, liver) _____

Skin _____ Extremities _____

Additional explanations of abnormal findings:

I have examined the student, reviewed the above history and find him/her physically able to participate in all aspects of supervised cross-country for the following season.

Physician Signature: _____ Phone: _____ Date: _____