

# FCA Lady Falcons Girls Varsity Lacrosse Medical Release Form

## Medical Evaluation of Student for Participation in High School Girls Varsity Lacrosse

**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 her physically able to participate in all aspects of supervised lacrosse for the 2010 season.

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_