

St. Mary's Academy High School
4545 S. University Blvd.
Englewood, CO. 80110-6099

FORM #1:
HIGH SCHOOL MEDICAL INFORMATION FORM
2008-2009

This form is to be completed and signed by your daughter's physician. Please return the completed form to the athletics director's office.

Last Name of Student	First	Middle
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Date of birth	<u>Date of Examination</u>
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History: Does this child have a history of the following? Check if yes

Allergies _____	Diabetes _____	Hearing Problems _____
Asthma _____	Ear Infections _____	Heart Disease _____
Bronchitis _____	Emotional Problems _____	Migraine Headaches _____
Cerebral Palsy _____	Epilepsy/Convulsions _____	Orthopedic Defects _____

List significant illnesses, accidents, operations, congenital defects, or emotional problems:

Exposure to TB: Yes _____ No _____ **TB Testing**
Date: _____
Date of last Tetanus shot: _____
Physical Examination (list only abnormalities)

Dental

Defects: _____

I have examined the above student and approve/disapprove her participation in the athletics or physical education program.

Signature of Physician _____

Name of Physician (please print) _____

Physician's Office Telephone _____

Please return to the Athletic Office prior to Aug. 1, 2008, if the HS student plans to try-out for fall sports or by Aug. 25, 2008, if not involved in fall sports.

MAIL COMPLETED/SIGNED/DATED FORMS or FAX TO SMA
ATHLETICS DIRECTOR: (303-783-6201)

