

*OUR LADY OF MOUNT CARMEL SCHOOL  
AND  
CATHOLIC YOUTH ATHLETIC ASSOCIATION*

**ATHLETIC MEDICAL AUTHORIZATION**

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Please Print: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_  
Grade \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Eyes R \_\_\_\_\_ L \_\_\_\_\_ Glasses \_\_\_\_\_ Hearing R \_\_\_\_\_ L \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Ear, Nose, Throat \_\_\_\_\_ Lungs \_\_\_\_\_  
Urinalysis \_\_\_\_\_ Diabetes \_\_\_\_\_ Pulse \_\_\_\_\_  
Blood Pressure and Heart \_\_\_\_\_ Heart Murmur \_\_\_\_\_  
Deformities or present illness \_\_\_\_\_ Prosthesis \_\_\_\_\_  
Hernia evidence \_\_\_\_\_ Concussion \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other \_\_\_\_\_  
Would athletic competition be injurious? \_\_\_\_\_

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

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Date \_\_\_\_\_ Signature of Examining Physician \_\_\_\_\_

**Health History**

- |                            |                          |
|----------------------------|--------------------------|
| _____ allergy to bee sting | _____ heart murmur       |
| _____ anemia               | _____ hepatitis          |
| _____ arthritis            | _____ hernia             |
| _____ asthma               | _____ hives              |
| _____ concussion           | _____ kidney trouble     |
| _____ diabetes             | _____ migraine headaches |
| _____ eczema               | _____ pneumonia          |
| _____ emotional problems   | _____ rheumatic fever    |
| _____ epilepsy             | _____ other              |
| _____ fainting             |                          |

operations: \_\_\_\_\_  
(Include year)

fractures: \_\_\_\_\_  
(Include year)

To which drugs is the student allergic? \_\_\_\_\_

If student is now under medical treatment list reason and attending doctor: \_\_\_\_\_

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