MEDICAL CLEARANCE FOR INTERCOLLEGIATE ATHLETICS

I have examined ______________________________ (student-athlete’s name) and found her to be in excellent health and physically able to participate in the Salem College athletic program in the following sports. NOTE: Please be aware that all sports require strenuous training and competition. Salem College does not have, nor has it ever had, the services of a Certified Athletic Trainer. If this patient has a medical history of severe injuries that might impede her ability to perform (i.e. knee injuries, weak ankles, back problems, etc.) please inform us on the bottom of this form, particularly if she will be playing a “contact” sport.

_____ Field hockey    _____ Softball

_____ Soccer         _____ Volleyball

_____ Basketball     _____ Swimming

_____ Cross Country/Track   _____ Tennis

_____ Equestrian

Attending Physician: ______________________________

Date: ______________________________

Dean of Students Office
6/05