



A U.S. Department of Education Blue Ribbon School

Mary, Seat of Wisdom School
Student Athlete
Proof of Medical Examination

Student Name: _____ Grade: _____

Address: _____

Phone: _____ Date: _____

The student named above has been examined by me within the past 12 months and has been found to be in satisfactory physical condition. It is my recommendation that he/she be allowed to participate in the MSW athletic activities during the school year.

Medical Practice/Group: _____

Date: _____

Name of Medical Examiner: _____

Phone: _____

Signature of Medical Examiner: _____

Signature of Parent/Guardian: _____