# MEDICAL RECORD FORM

## PART I – TO BE COMPLETED BY THE STUDENT

**PRINT CLEARLY**

**GENDER**
M ☐
F ☐

STUDENT'S
NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____

HOME
TELEPHONE NO.: _____ DATE OF BIRTH _____

PARENTS NAME _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____

APPLICANTS SIGNATURE _____ DATE _____

## PART II - TO BE COMPLETED BY A LICENSED PHYSICIAN

☐ I HAVE NO OBJECTION THAT THE PERSON THAT IS STATED IN PART I TAKE PART IN FULL PHYSICAL ACTIVITIES.

☐ PHYSICAL ACTIVITY IS NOT RECOMMENDED. SPECIFY LIMITATIONS:

_____

_____

PHYSICIAN'S NAME (PRINT) _____

SIGNATURE _____MD PHONE NO.: _____

ADDRESS _____

DATE OF EXAMINATION: _____