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**Proof of Medical Exam:** Prior to participation in a tryout, a prospective student-athlete is required to undergo a medical examination or evaluation administered or supervised by a physician (e.g., family physician, team physician). The examination or evaluation must be administered within six months prior to participation in the tryout. **EXCEPTION:** A medical examination conducted or supervised by a physician within six months of the prospective student-athlete's participation in practice, competition or out-of-season conditioning activities at his or her high school, prep school or collegiate institution may be used to satisfy the medical examination requirement provided it was accepted by the prospective student-athlete's high school, prep school or collegiate institution for his or her participation in athletics during the academic year in which the tryout is conducted. If the date of the prospective student-athlete's medical examination falls within this exception the below form must be completed.

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Sport: \_\_\_\_\_ Name of Prospective Student-Athlete (PSA): \_\_\_\_\_

**High School PSA:** In what grade is the PSA currently enrolled (i.e. 11<sup>th</sup> or 12<sup>th</sup>): \_\_\_\_\_

**High School PSA:** If the PSA is on summer break please list the grade the PSA last completed: \_\_\_\_\_

**High School PSA:** Name of high school at which the PSA is enrolled: \_\_\_\_\_

**High School:** PSA's 1<sup>st</sup> date of participation in athletics in the current/most recent academic year \_\_\_\_\_

**Transfer PSA:** Name of 2-year or 4-year college from which the PSA may transfer: \_\_\_\_\_

**Transfer PSA:** PSA's 1<sup>st</sup> date of participation in athletics for the current/most recent academic year \_\_\_\_\_

Date on which PSA underwent a medical exam conducted by a physician: \_\_\_\_\_

Was this medical examination accepted by the PSA's high school/college for participation in athletics this academic year/most recent academic year? (Please circle yes or no)      **Yes**      **No**

I attest that the above information for the above prospective student-athlete is correct.

Signature of High School/College Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Administrator: \_\_\_\_\_

Current Title of Administrator: \_\_\_\_\_

**This form must be accompanied by a copy of the referred to medical exam.**