



## RESURRECTION CATHOLIC SCHOOL ATHLETE MEDICAL CERTIFICATE

PATIENT: \_\_\_\_\_

This is to certify that the above mentioned patient was examined by me on (date):\_\_\_\_\_.

This person was found to be in general good health.

Signed: \_\_\_\_\_, M.D. Date: \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*All RCS athletes must turn in a signed medical release once a year before they may participate in athletic games or practices. Please submit your release to the Resurrection Catholic School Athletic Director.*