

**MSAD #51 ATHLETIC DEPARTMENT
GREELY HIGH SCHOOL & GREELY MIDDLE SCHOOL
MEDICAL EXAMINATION CARD**

Completed forms can be faxed to Greely Athletics, Attn: Brady Grass, fax # (207) 829-2256.

Student Name: _____ Grade: _____ Age: _____ Class of: _____

Address: _____ Birthdate: _____

City/Town: _____ State: _____ Zip: _____ Home Phone: _____

Father's Name: _____ Business/Cell Phone: _____

Mother's Name: _____ Business/Cell Phone: _____

PHYSICIAN'S STATEMENT

BOYS ATHLETICS

Baseball	Lacrosse
Basketball	Alpine Skiing
Cheerleading	Nordic Skiing
Soccer	Cross Country
Swimming	Football
Indoor/Outdoor Track	Golf
Ice Hockey	Tennis

GIRLS ATHLETICS

Softball	Lacrosse
Basketball	Alpine Skiing
Cheerleading	Nordic Skiing
Soccer	Cross Country
Swimming	Volleyball
Indoor/Outdoor Track	Golf
Ice Hockey	Tennis
Field Hockey	

I hereby certify that _____ was examined by me on _____ 20____
Student Name

And was found physically fit to engage in all sports except those crossed out above.

Signature: _____
Examining Physician

Today's Date: _____