



Student Health Report*

Name: _____

Address: _____

Entering grade: _____

Physician statement:

I hereby certify that the above named student has been examined by me and found to be physically sound to participate in interscholastic athletics and all normal school activities, which would include regular physical education classes and intramurals.

In the event limited participation is prescribed, please explain below in greater detail:

Date of examination

Signature of Physician

*The MUS Student Health Report is a necessary registration form required for student records, and it must be completed and returned to school **before classes begin August 15, 2011.**

Please return by fax (901.260.1301) or mail to Admissions (6191 Park Avenue, Memphis, TN 38119), or submit in person to the Admissions Office **before August 15, 2011.**

Please Note: An updated green immunization form must accompany this signed statement. **The form is provided by your physician's office.**

