



WALLACE STATE HANCEVILLE

Previous Injury/Illness Release

Athletic Office (256) 352-8121

Student-Athlete's Name _____ Sport _____

If there has been an injury or any medical condition that prevented, limited, or altered your participation in, or preparation of athletic activity, with in the last 12 months, you must be medically released by the treating physician before being allowed to participate in any Wallace State Athletic activities.



This section completed by physician

Treating physician

Phone number

Address

City

State

zip

What was the injury/condition that prevented, limited, altered the student-athlete named above, in participation or preparation for athletic activity.

Injury/Condition

Comments

Date first seen and/or treated _____

On the basis of my treatment, and/or evaluation, I have found no reason which makes it medically inadvisable for the student-athlete to full and completely participate in any intercollegiate activities and release this student-athlete for intercollegiate participation.

Signature of physician

Date