CALIFORNIA STATE UNIVERSITY, STANISLAUS

INTERCOLLEGIATE ATHLETICS

EXIT PHYSICAL FORM

I, _____, do hereby affirm that the information contained on this page is true and correct to the best of my knowledge with regards to any current medical condition I am experiencing that first occurred while competing as a member of a California State University Stanislaus intercollegiate athletic team. I further attest that any physical findings related to these conditions and/or recommendations concerning them have been discussed with me by a member of the California State University Stanislaus Sports Medicine or Athletic Training Staff; and that I fully understand the recommendations and have had any questions answered to my satisfaction. If any information is false or omitted in reference to my current medical history, I fully understand that California State University Stanislaus and members of its Athletic Department are not responsible for any unknown injuries or conditions.

I am currently treating, receiving medical attention or experiencing the following on-going athletic related medical conditions:

_____

_____

_____

_____

_____

_____

_____ _____

Student Athlete's Signature Athletic Trainer's Signature

_____

Today's date of signing