

Additional Physician Notes: _____

Assessment completed by: (PRINT) _____ MD CRNP DO PA

Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

I have examined this child and found him/her to be free of contagious and infectious diseases.

Initial _____

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities at the MGH Arena. However, I understand that the MGH Special Equestrian Program will weigh the medical information above against the existing precautions and contraindications.

Initial _____

*****An original Alabama Immunization Record (Blue Slip) is required for students seeking admission to AIDB.*****

*****A TB Skin Test is ONLY required for ASD Summer Camp 2019 if students are seeking admission to AIDB.*****