**Boston Mountain Rural Health Inc.**

**934 N. Gaskill Street**

**Huntsville, AR 72740**

**479-738-5500**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To Whom It May Concern:**

**I have examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this date**

**and have determined that this person:**

**May participate fully in sports without restriction**

**May participate in sports with the following restriction(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**May not participate in sports until further evaluation is performed**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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