



**To be completed by TAAG staff:**

Student ID: \_\_\_\_\_

Form Code: **DMD**      Version: **A**      Series #: **31**      Seq #: **001**

## **Contraindicated Medication Form**

This form should only be completed for girls who are on a medication that is contraindicated for fitness (as reported on the DSR).

1. Check here if student is taking contraindicated medication: