

2017 Physical Form

Note: You may substitute a copy of a physical as long as it has been done within the past 12-months.

To be completed by family physician:

Date: _____

_____ has been examined and found to be in satisfactory health and apparently free from communicable disease. There are no apparent contraindications to participating in sport camp activities.

Most recent tetanus shot: _____

Medical Questions:

Please answer Yes or No. If yes, explain answers below (use back if necessary):

1) Any medical conditions or injuries under current treatment?

2) Are you allergic to any drugs, food, etc.?

3) Past illness of more than one week duration?

4) Asthma?

5) Contact lenses?

_____, MD

Signature

Phone Number

_____, MD *Print Name*

Athletic Camp/Clinic Sports Medicine Information Sheet

Please provide the following medical information for your child:

Primary emergency contact (Name, relationship, phone number)

Name _____
Relationship _____
Phone Number _____

Secondary emergency contact (Name, relationship, phone number)

Name _____
Relationship _____
Phone Number _____

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

Date of last tetanus shot (month/year)
