

## 2018 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*