

PHYSICAL EXAM FORM

Camper/Athlete's Name: _____

Birthdate: _____ Camper/Athlete's Grade in Fall 2016: _____

A physical examination of this student was performed on: _____

Physician's Signature: _____ Date _____



****** VALID ONLY WITH PHYSICIAN'S STAMP ******

Office Telephone: _____

Physical examination reports will be accepted from a M.D., D.O., Physicians' Assistant, and Nurse Practitioner with a MD's stamp. Physical exams must be conducted within a year (12 months) of athletic participation.