

Commonwealth Camp Physical Form

(note: you may substitute a copy of a physical as long as it has been done within the last year)

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 contra indications to participating in sport camp activities.

Most recent tetanus shot:

Medical Questions-Answer yes or no, explain any yes 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?**

SIGNATURE MD

PHONE NUMBER