

Commonwealth Wrestling 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 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

Form must be returned at least three weeks before camp.