

PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

You may submit a copy of a completed school physical or a physician's examination form completed within the last 14 months in lieu of this page.

Participant's Name _____

Camp (Name / Session / Date) _____

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the *University Sponsored Summer Sport Camps*. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments _____

Date of Physical Examination (must have been completed within the last 14 months)

Is youth's immunization record current? Yes No

Physician's Signature _____

Address _____

City/St./Zip _____

Phone _____