



HIGH POINT UNIVERSITY SOCCER CAMP

"Professional Training For All Ages And Abilities"

TO BE COMPLETED BY REGISTRANT'S PHYSICIAN

OR YOU MAY ATTACH A COPY OF A PHYSICAL FORM WITH PHYSICIAN'S SIGNATURE INDICATING CLEARANCE TO PARTICIPATE

			COMMENTS
HEAD	YES	NO	_____
ENT	YES	NO	_____
NECK, BACK	YES	NO	_____
HEART	YES	NO	_____
ABDOMEN	YES	NO	_____
ASTHMA	YES	NO	_____

IS THIS PATIENT CURRENTLY ON ANY PRESCRIPTION MEDICATIONS? YES NO

PLEASE LIST: _____

DATE OF LAST TETANUS OR BOOSTER: _____

GENERAL COMMENTS: _____

SPORTS PARTICIPATION APPROVED: YES NO

LIMITATIONS: YES NO

IF SO, PLEASE STATE: _____

PHYSICIAN SIGNATURE

DATE

