

**WILDCAT FIELD HOKCKEY CAMP  
CAMPER PHYSICAL FORM**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP ( \_\_\_\_\_ / \_\_\_\_\_ : \_\_\_\_\_ / \_\_\_\_\_ )

Vision R 20/\_\_\_ L 20/\_\_\_ Corrected: Y \_\_\_ N \_\_\_ Pupils: Equal \_\_\_ Unequal \_\_\_ Date of Exam \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Skin		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle/Foot		

Is there any pertinent information regarding this child that the camp and its sports medicine staff needs to know? (i.e. diabetes, epilepsy, etc) Please explain: \_\_\_\_\_

Does this child have allergies that the camp should know about? Please explain: \_\_\_\_\_

Is this child on any medication? Please explain: \_\_\_\_\_

**CLEARANCE**

? Cleared  
 ? Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

? Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Recommendations: \_\_\_\_\_  
 \_\_\_\_\_

Name of Physician (print/type) : \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

***This form should be used by all campers, OR, a copy of a current school physical attached:  
PHYSICIAN'S SIGNATURE REQUIRED***