

# 2010 Carolina Volleyball Camps Participant Physical Form

All campers should bring **EITHER** this completed form signed by a physician **OR** a copy of a current school physical (completed within one year of camp date). A physician's signature is required.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP (\_\_\_\_/\_\_\_\_: \_\_\_\_/\_\_\_\_)  
Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: Y \_\_\_\_ N \_\_\_\_ Pupils: Equal \_\_\_\_ Unequal \_\_\_\_ Date of Exam \_\_\_\_\_

## CLEARANCE

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Cleared

Cleared after completing evaluation/rehabilitation for:

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Not Cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations:

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Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_