

2011 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

Cleared

Cleared after completing evaluation/rehabilitation for:

Not Cleared for: _____ Reason: _____

Recommendations:

Name of physician (print/type) _____ Date _____

Address _____ Phone # _____

Signature of Physician _____ Date _____