ROCK LACROSSE SUMMER PROGRAM
PHYSICAL EXAMINATION FORM
Year: 2014

I certify that I examined _____ and recommended him to be physically able to compete in lacrosse contests. The following points were particularly checked and the condition noted as follows:

HEART
- Before exercise _____
- Immediately after exercise _____
- After brief period _____
- Blood pressure _____
- Murmurs _____

LUNGS — Is there a history of:
- Chronic Cough _____
- Other Condition _____

Weight in its relation to height (according to an accepted chart such B.T. Baldwin and G.D. Wood)

Weight _____ Height: _____

GENERAL CONDITION
- Excellent: _____
- Good: _____
- Fair: _____
- Below Par: _____

Physician (MD, DO, or PA only) _____ Date: _____

Provide printed name, address, and phone number of medical provider. Office stamp preferred.

MEDICAL HISTORY (Completed by Parent)

Past History: (check all that apply)

Poliomyelitis	____	Asthma	____
Bone or joint disease	____	Heart Disease	____
Diabetes	____	Lung Disease	____
Kidney Disease	____	Head Injury	____
Epilepsy/Convulsions	____	Hearing Disorder	____
Allergies	☐		

Tetanus: Booster may be given: Yes ____ No ____
Do you wear contact lenses/glasses/hearing aids? Yes ____ No ____

Explain: _____

AUTHORIZATION

In case of an emergency or accident during any Rock Lacrosse activity involving my child, _____ which in the opinion of the Rock Lacrosse authorities present requires immediate medical or surgical attention, I hereby grant permission to said Rock Lacrosse authorities to obtain the service of a physician or to transport said child to the hospital if it is deemed necessary by Rock Lacrosse authorities. I hereby grant permission, also to said physician to treat said condition unless I am present and request otherwise or until later request otherwise.

_____ _____
Parent/Guardian Signature Date