



PHYSICAL EXAMINATION FORM

Camper / Athlete's Name: _____

Birth date: _____ Campers / Athlete's Grade in Fall 2022: _____

A physical examination of this student was performed on: _____

He / She is physically fit to participate in all SSA athletics: yes no

Please explain any preexisting medical conditions or physical limitations:

Physician's Signature: _____ Date _____

*** VALID ONLY WITH PHYSICIAN'S STAMP ***

Office Phone: _____

SSA accepts physical examination reports from a M.D., D.O., Physicians' Assistant, and Nurse Practitioner with a MD's stamp. Physical exams must be conducted within a year (12 months) of attending SSA's Summer Camp.