



## PHYSICAL EXAMINATION FORM

Camper / Athlete's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Campers / Athlete's Grade in Fall 2024: \_\_\_\_\_

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:

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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 from when the camp ends) of attending SSA's Summer Camp.