



MEDICAL EXAMINATION FORM

Parents are to fill in Part A **BEFORE** examination by the physician.

Name: _____ Telephone: () _____ Sex: M F Age _____

Address: _____ City: _____ Zip Code: _____ Birth date: ___/___/___

E-mail address: _____ Cell Phone: () _____

A. **Parent Section**

1. My child may participate in sports. YES NO
2. My child has had, or has, the following serious illness(es): _____

3. Date of last tetanus shot: _____ (should be within past 10 years)
4. Does your child take any medications on a regular basis? YES NO
If YES, please list: _____

I hereby give permission for my son/daughter to participate in the Lake Chabot Junior Golf Academy. If necessary, the Lake Chabot Junior Golf Academy is authorized to have my son/daughter treated for injuries or illnesses as deemed advisable by medical attendants. It is understood that effort shall be made to contact the undersigned before treatment is rendered, but treatment will not be withheld if the undersigned cannot be reached.

Signed: _____ Date: _____
(Parent or Guardian)

B. **Examining Physician Section.** The physician is required to carefully review the above parent statements before examining the student.

1. List any significant illnesses your patient has: _____

2. Patient's Blood Pressure: _____ Resting Pulse Rate: _____
3. Physical examination normal EXCEPT for the following: _____

4. In your opinion, can this student participate in Golf? YES NO

Signed: _____ Date: _____
(Physician)

Stamp or print physician's name, address, and phone number