**Pre-participation Physical Evaluation:**

Must be completed by and signed by examining doctor. A copy of a physical may be attached, if completed within last 12 months.

State Following Condition of:

|  |  |  |
| --- | --- | --- |
| Medical: | Normal: | Abnormal: |
| Heart |  |  |
| Temperature |  |  |
| Lungs |  |  |
| S/P or Hernia |  |  |
| Eyes |  |  |
| Athletes Foot |  |  |
| Sinuses |  |  |
| Throat |  |  |
| Ears |  |  |
| Teeth |  |  |
| General Health |  |  |

Tetanus Shot: Y N Date of most recent shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Medication:**

Any Cadent taking a prescribed medication must have physician’s signature. Medication must be registered with the Academy personnel upon arrival.

Prescribed Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Insurance:**

Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_