



Medical Report / Physical Exam Use of Athletic Facilities / Participation in Sports

ATTENTION: Complete and sign both sections A' and B'

Participant's last name _____

Participant's first name _____

Date of Birth ___ / ___ / ___

SECTION A – HEALTH ISSUE (completed by the parent/guardian)

Does the participant have any health issue(s) that the Summer Camp should be aware of (allergies, medications)?

No _____

If yes, please describe: _____

DETAILS OF PARENT/GUARDIAN

Last name _____ First name _____

Address _____

City _____ Postal code _____

Tel. _____ Mobile phone _____

Relationship with the child _____

SECTION B – PHYSICAL EXAMINATION AFFIRMATION – ATHLETICS

(completed by the physician)

I have examined the participant and found that he/she is able to participate in athletic activities, and use the athletic facilities including the pool, track & field and the courts for recreational purposes.

Yes _____

If not, please describe: _____

Additionally, I confirm that I have examined the participant and found that he/she does not suffer from any skin diseases that would prevent him/her from using the pool.

Yes _____

If not, please describe: _____

DETAILS OF PHYSICIAN

Last name _____ First name _____

Prefecture _____

Address _____ City _____

Country _____ Postal code _____

Tel. _____ E-mail _____

Signature/stamp _____

Date _____