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MUST BE STAMPED
BY YOUR DOCTOR AND
TURNED-IN THE
FIRST DAY OF CAMP

THE HILL ATHLETIC ALLIANCE
HAA

PHYSICAL EXAM FORM

Camper/Athlete's Name: _____

Birthdate: _____ Camper/Athlete's Grade in Fall 2017: _____

A physical examination of this student was performed on: _____

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

Please explain any pre-existing medical conditions or physical limitations:

Physician's Signature: _____ Date _____

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

Office Telephone: _____

THAA 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 THAA's Summer 2017 Camp.

THE HILL ATHLETIC ALLIANCE
A Public Benefit Corporation
P.O. Box 4865, Palos Verdes, CA 90274
www.thehillathleticalliance.com

TEIN #45-4834221 THAA is a non-profit 501 c3 corporation and all donations are tax-deductible.