

Examining Physician's Report

Sports Physical — Calaveras Youth Wrestling

**** Must be completed by child's physician ****

All participants must pass a sports physical examination within the last 12 months to be able to participate. A copy of the report, or a signed note from the doctor acknowledging the report date and results, will be required. The note must be on the doctor's letterhead and must include the doctor's phone number. Please indicate the date of the last physical exam.

WRESTLER INFO

Wrestler's Name

Age

Weight

Date of Last Physical Exam

Physician

Note to Physician: the examining physician is requested to carefully review the history supplied by the parent on the parental consent form before examining the wrestler.

Past history pertinent to competitive sports

HEART (Wrestler in supine position)

Murmurs No ■ Yes ■

Describe

Rhythm

Pulse Rate (at rest)

Pulse Rate (after exercise)

Blood Pressure

MEDICAL FINDINGS & RECOMMENDATIONS

In your opinion, should this child participate in the sports program circled above? Yes ■ No ■

I hereby certify that the above named child was examined by me and found physically fit to engage in wrestling.

Signed (Physician)

Date