



**BasketBall City  
Physical Clearance Form**



Camper \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

To the physician: The following camper is enrolled in a summer program at BasketBall City, a basketball camp that involves periods of strenuous activity. Please complete the following clearance form to assure a safe and enjoyable camp environment. For campers with asthma, please include the action plan for episodes of wheezing as well as any daily medications. Thank You!

Significant past medical/surgical history: \_\_\_\_\_  
\_\_\_\_\_

Medication(s): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

The following camper has had a physical examination in the prior year and is hereby cleared:

\_\_\_\_\_ For All Physical Activities

-or-

\_\_\_\_\_ All physical activities with the following limitations: \_\_\_\_\_  
\_\_\_\_\_

Date of last examination: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Physician Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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