

# WINNIPESAUKEE SOCCER CAMP

## HEALTH MEMORANDUM FOR CAMP (To be filled out by a physician)

Name \_\_\_\_\_ Date \_\_\_\_\_

Has been examined. In addition the health history and immunization records have been reviewed. There are no contraindications to participating in Soccer Camp.

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

**EXCEPTIONS, COMMENTS, PROBLEMS, ALLERGIES**

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Is this camper on any prescription medication? \_\_\_ Yes \_\_\_ No

Medication and dosage \_\_\_\_\_

Administration \_\_\_\_\_

Medication and Dosage \_\_\_\_\_

Administration \_\_\_\_\_

Date of most recent exam \_\_\_\_\_

Last Tetanus Toxoid \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_