

Rolling Hills Running Club PHYSICAL EXAM FORM

Camper/Athlete's Name: _____

Birthdate: _____ Camper/Athlete's Grade in **Fall 2023**: _____

A physical examination of this student was performed on: _____

He/She is physically fit to participate in all **Rolling Hills Running Club**: Yes No

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

Physician's Signature: _____ Date _____

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

Office Telephone: _____

Rolling Hills Running Club 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 Rolling Hills Running Club summer camp.