

NAME: _____ SPORT: _____ Event: 21st Maccabiah

21st Maccabiah Tryouts
Medical Form: Medical Examination

To be completed by examining physician and uploaded to CampDocs portal

Your medical forms must be based on a check-up with your doctor within 12 months of the date of the tryout

Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Date of Birth:** _____

Position (circle one): Athlete / Coach / Staff **Sport:** _____

Allergies: _____

Current Medications: _____

I have examined _____ on _____ (date) and have reviewed the health history provided. It is my opinion that this 21st Maccabiah applicant is **medically cleared** to engage in 21st Maccabiah activities and athletic competitions without limitation or restrictions.

Signature and Printed Name of Examining Physician _____

Physician's Address _____

Physician's Phone Number (____) _____ - _____