

UNIVERSITY OF KANSAS SOCCER CAMP
Medical Information Form 2

MEDICAL INFORMATION TO BE COMPLETED BY PHYSICIAN

I hereby certify that I have examined _____ and found her/him physically fit to attend and participate in the University of Kansas Soccer Camps and Clinics and I know of no condition, which would limit her participation in all activities of camp. If I am aware of any condition that might limit or restrict any participation in activities of camp I listed them below or on the back of this sheet.

Date of last tetanus shot: _____

Date of last examination: _____

Physician's Signature _____ Date _____