

# PRE-ACTIVITY CLEARANCE EXAMINATION: PHYSICIAN AUTHORIZATION

**Participant's Name:** \_\_\_\_\_

**Camp:** \_\_\_\_\_

I hereby certify that I have examined the above named patient and have found him fit to attend and participate in the Primetime Cornerback and Wide Receiver Camp. I know of no impairments, which would limit his participation in all camp activities except those that I have listed below. I further certify that he is free from any and all contagious diseases.

Restrictions and/or Comments: \_\_\_\_\_

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

Date of Physical Examination (must have been completed within the last 12 months)

\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

