

Physician's Statement & Physical
Seventh Day Baptist Summer Christian Service Corps

PHYSICIAN'S STATEMENT

- CONFIDENTIAL -

IT IS REQUIRED* THAT EVERY TWO YEARS, SCSC PARTICIPANTS HAVE A MEDICAL DOCTOR FILL OUT THE FOLLOWING FORM.

**Fill in the following blanks with the date of your upcoming medical physical appointment if you are not able to complete this part of the application at this time. Date ___/___/___

TO BE COMPLETED BY PHYSICIAN:

Name of patient: _____ DOB ___/___/___

Height _____ Weight: _____ Blood Pressure: _____

Required Immunizations are up to date Yes No

Date of last tetanus booster ___/___/___

Limitations: _____

I have examined this person and found him/her to be in satisfactory condition, free from heart, lung and throat disorders; contagious disease, and capable of active participation in such programs as camping and youth work with any exceptions noted above.

***Physician's Signature:** _____ **Date:** ___/___/___

Printed name and address: _____

Phone (_____) _____ Name of Clinic or Office _____