

LITTLE MOUNTAIN RUNNING PHYSICAL EXAM FORM

Camper/Athlete's Name: _____

Birthdate: _____ Camper/Athlete's Grade in Fall 2022: _____

A physical examination of this student was performed on: _____

He/She is physically fit to participate in all Little Mountain Running activities: Yes No

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

Physician's Signature: _____ Date _____

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

Office Telephone: _____

Little Mountain Running 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 Little Mountain Running summer camp.