Must be completed by child's physician

CALAVERAS YOUTH WRESTLING EXAMINING PHYSICIAN'S REPORT

All participants must pass a sports physical examination within the last 12 months to be able to participate. A copy of the report or a signed note from the doctor, acknowledging the report date and results will be required. Note must be on a doctor's letterhead and must include doctor's phone #. Please indicate date of last physical exam.

WRESTLER	'SNAME:			AGE:	WEIGHT:	
Date of last physical exam			Physic	cian		
Note to Physic the parental co	cian: the exami consent form bef	ining physician fore examining i	is requested to car the wrestler.	efully review the his	story supplied by the par	rent on
Past history p	ertinent to com	spetitive sports:				
Heart (Wrestl	er in supine po	sition):		•		
	Murmurs	No	Yes	Describe:		
2.	Rhythm					
3.	Pulse Rate ((At Rest)	(Aft	er Exercise)		
	Blood Pressi	ure				
Medical findin	gs and recomn	nendations:				
In your opinior	a should this ch	aild participate	in the sports prog	gram circled above	? YesNo	
hereby certify wrestling.	that the above	e named child v	vas examined by	me and found physi	ically fit to engage in	
Signed:				Date:		