



Catholic Youth Organization
 580 E. Stevens Street
 Indianapolis, IN 46203
 (317) 632-9311 F(317) 632-8767

Athletic/Camper Physician Certificate

This form is to be turned in to the Team Coach, Athletic Director or CYO Camp, and is to be kept on file at the Parish or School.
A copy of the camp physical is due in the Camp Office by May 1 or 30 days before camp session.

F(812) 988-4842 or mail to 2230 N. Clay Lick Road, Nashville, IN 47448
 or email it to registrar@campranchoframasasa.org

Physical Examination

Date _____

Name of Athlete/Camper _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ / _____ Pulse _____		
Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils (Circle) Equal / Unequal R > L L > R		
	Circle (if option given)	Specific Findings
Marfan's syndrome stigmata	No Yes	
Heart		
Rhythm	Regular Irregular	
Murmur (supine)	No Yes	
Murmur (standing)	No Yes	
	Normal <input type="checkbox"/>	Specific Findings
Lungs		
Skin		
Abdominal		
Femoral Pulses		
Genitalia / Hernia		
Musculoskeletal:		
Neck		
Shoulders		
Elbows		
Wrists		
Hands		
Back		
Knees		
Ankles		
Feet		
Other		

Continued



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1. Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for: _____
- C. Not Cleared
 Due to: _____

Recommendation: _____

FOR USE OF CYO CAMP RANCHO FRAMASA CAMPERS ONLY

Please list any recommendations, restrictions, treatments, medications, dietary needs and / or allergies for this participant while at camp. Camp life can be physically, mentally and emotionally engaging. It involves mobility over a variety of terrain, community living, sleeping in bunk beds, long hours outdoors (sun, trees and fresh air) and varied foods. traditional camp activities can include horseback riding, swimming, canoeing, hiking, outdoor cooking and sleeping outside. Adventure camp includes caving, indoor rock climbing, pontoon boating and sleeping outdoors. Please make your notes keeping in mind the above descriptions. Please attach additional notes of the space provided is not adequate. Leaving blank indicates that this participant can participate fully in all camp activities.

2. I hereby certify that this athlete/camper was examined by me. At this time, no physical condition was detected which reasonably be anticipated to render this athlete physically unfit to engage in any sport, except those marked below:

- Boys Sports:** Baseball, Basketball, Cross Country, Football, Soccer, Track, Wrestling
- Girls Sports:** Basketball, Cross Country, Soccer, Softball, Track, Volleyball, Kickball

_____ Date

 Name of Physician

 Address City ST Zip

Phone (____) _____

 Signature of Physician

(Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine.)