

Neurological	Yes	No	Briefly Explain
Head Injury:	_____	_____	_____
Concussion	_____	_____	_____
Nose Fracture	_____	_____	_____
Neck Injury	_____	_____	_____
Heat Problems	_____	_____	_____

Cardiopulmonary	Yes	No	Briefly Explain
Chest Pains	_____	_____	_____
Palpitations	_____	_____	_____
Shortness of Breath	_____	_____	_____
High Blood Pressure	_____	_____	_____
Heart Murmur	_____	_____	_____
Fainting	_____	_____	_____

Orthopedic	Yes	No	Briefly Explain
Foot/Ankle	_____	_____	_____
Lower Leg/Knee	_____	_____	_____
Thigh/Hip/Groin	_____	_____	_____
Back/Ribs	_____	_____	_____
Neck/Shoulder	_____	_____	_____
Arm/Elbow/Wrist	_____	_____	_____
Hand/Fingers	_____	_____	_____
Other	_____	_____	_____

Please list any other pertinent medical history: _____

Current Vitals: Height: _____ Weight: _____ Pulse: _____ B.P. _____

The above named individual has had a physical examination and is cleared for activity at the Elite Field Hockey Camp.

***Health Care Provider Signature:** _____ **Date:** _____

HCP Printed Name: _____

HCP Address: _____ **HCP Phone:** _____

**** Participant:** The responses to the questions on this form are correct to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

Must be signed to be valid