Record of Physician's Medical Examination

CRIMSON SAILING ACADEMY LLC

Please complete all information or send in a copy of your child's most recent physical, dated within less than one ycar. Missing information may delay your registration. You should consider your registration complete after your payment is processed at CSA.

STUDENT INFORMATION		
NAME (LAST)	(FIRST)	
DATE OF BIRTH (MUST BE 11 YEARS OLD BY AUGUST 31ST)		
ADDRESS (STREET / APT)		
CITY	STATE	ZIP CODE

IMMUNIZATIONS	PRIMARY SERIES				BOOSTERS			REACTIONS
	1ST	2ND	3RD	4th				
DTaP								
Polio								
Hep B								
Varicella								
MMR								
Influenza								

(*NAME*) _____ was examined by me on (*DATE*) _____

In accordance with standards of the American Academy of Pediatrics.
Examination revealed the following:

HEIGHT:	WEIGHT:	BP:	VISUAL ACCUITY:
ILLNESS / CONDITIONS:			
MEDICATIONS:			
ALLERGIES:			
DEVIATION FROM NORMAL:			

There are no apparent contraindications to full participation in routine or competitive school or camp activities except as noted in the following comments:

PHYSICIAN'S SIGNATURE _____, M.D. DATE _____

PRINTED NAME		
OFFICE ADDRESS		
CITY	STATE	ZIP CODE

By their signature, the participant's parents declare that he/she has experienced no significant medical problems since the date of the most recent physical exam:

PARENT'S SIGNATURE _____ DATE _____

CrimsonSailingAcademy.com

info@CrimsonSailingAcademy.com
TEL: 85-SAILING-1 (857) 245-4641

Your registration will not be processed unless full payment is received.
Mail completed forms to:

CRIMSON SAILING ACADEMY
P.O. Box 335
Belmont, MA 02478