



**TULANE UNIVERSITY ATHLETICS CAMPS  
Participant Physical Examination Information**

Name of Camp: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Each participant must **have a physician complete and sign the following form within 3 months of the camp start date:**

Have you ever been diagnosed with COVID-19?  Yes  No

If yes, what was the date of diagnoses?

If yes, list any symptoms that you are still experiencing.

Have you received a COVID-19 vaccine?

Date of last vaccine:

Have you ever suffered a heat related illness (cramps, heat stroke, heat exhaustion)?

Have you ever had to receive IV fluids for dehydration?

Do you have any allergies that require the use of an EPI Pen?

Is the participant currently taking any medications (prescriptions and over-the-counter):

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the medication(s) and dosage:

\_\_\_\_\_

***Camp participants will be held responsible for administering and storing medication(s) during camp.***

Is the participant current with all required immunizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain:

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**FOR USE BY PHYSICIAN:**

Athlete presents with no physiological injury or limitation.

If limitations exist, please list:

Athlete's heart and lung sounds are normal with no signs of cardiac or pulmonary distress.

If irregular, please note:

**Clearance:** (check one)

**A. Cleared**

**B. Cleared after completing evaluation / rehabilitation for:** \_\_\_\_\_

**C. Not cleared for:**     **Collision**         **Contact**

**Non-contact:**     **Strenuous**     **Moderately strenuous**     **Non-Strenuous**

**Due to:** \_\_\_\_\_

**Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_