

Physical Examination

I, (physician) _____,

Have examined and reviewed the health history of (name of patient) _____ .

To the best of my knowledge, the person mentioned above is physically healthy and able to engage in any and all activities provided by Camp Yachad.

Physician's Signature _____

Date: _____

Physician Name (print please) _____

Date: _____

Physician Telephone Number: (____) - _____ - _____