



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 year. 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 31 ST)		
ADDRESS (STREET / APT)		
CITY	STATE	ZIP CODE

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

I examined the individual named above 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