

2020 JCC Maccabi Teen Medical Form

Teen's Full Name:

Sport/Art Specialty:

Delegation: GREATER WASHINGTON

2020 Official JCC Maccabi Games and ArtsFest Teen Medical Form

This form <u>MUST</u> be completed by a licensed physician. Examination for some other purpose within this period is acceptable; *however* information must be transferred to this form and signed by the treating physician. Examination is for determining fitness to engage in strenuous activities.

This examination must be performed within ONE YEAR of 2020 JCC Maccabi

Are the patient's vaccinations up to date? <i>The patient's vaccination records</i> MUST be attached prior to submission.	YES	NO
If NO , please explain reason		
Does the patient have pre-existing medical conditions that would result in any restrictions or	YES	NO
recommended limitations for the patient while participating in the Games/ArtsFest?	123	
Date of patient's last tetanus shot	/	/
Does the patient wear a Medical Alert Bracelet?	YES	NO
If YES , please explain their medical condition		
Does the patient have any allergies that require them to carry an EPI Pen?	YES	NO
If YES , please list all allergies that require an EPI Pen		<u> </u>
Is the patient allergic to any medications?	YES	NO
If YES , please list all medication(s)		
Does the patient take any medication for ADD/Other Behavioral/Psychiatric?	YES	NO
If YES , please list medication(s)	-	<u> </u>

I have examined the person herein described and have reviewed the health history. It is my opinion that the patient listed above is physically able to engage in JCC Maccabi activities, except as noted above.

Signature of Physician		Date:	//
Physician's Address			
Address	City	State	Zip Code
Physician's Phone ()			
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** RETURN THIS FORM TO YOUR DELEGATION HEAD by: Date: MAY / 1 / 2020 **