



Physicians Statement

Date-----

I hereby certify that I have examined _____ and found him/her physically fit to attend and participate in the Kenny Smith Carolina Basketball Camp and I know of no impairments or medical needs, which would limit his/her participation in all activities in the program

{ } Seasonal Flu { } H1N1 Flu { } Other _____

{Date of last Tetanus _____ MMR#1 _____ #2 _____

Date Examined _____ Physician _____

Signature _____ Date _____

Printed name of MD _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

Physician's Comments
