



**NORTHEAST GYMNASTICS ACADEMY  
40 FERRY ROAD  
HANOVER TOWNSHIP, PA 18706  
(570) 826-7090**



**“PHYSICAL EXAMINATION FORM”**

**PARTICIPANT’S NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

THE ABOVE-NAMED PERSON HAS BEEN GIVEN A COMPLETE PHYSICAL EXAMINATION BY ME, IS IN GOOD PHYSICAL CONDITION AND HAS NO DISEASE OR INJURY THAT WOULD IMPAIR HIS/HER PARTICIPATION IN THE SPORT OF GYMNASTICS AND ALL EXERCISES, AEROBIC, STRENGTH, OR OTHERWISE, PERTAINING TO THE SPORT OF GYMNASTICS.

IF THERE ARE ANY EXCEPTIONS OR LIMITATIONS, PLEASE NOTE AND EXPLAIN BELOW.

DATE OF EXAM: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHYSICIAN’S SIGNATURE: \_\_\_\_\_



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