

MINNESOTA GYMNASTICS TRAINING CENTER

Physical Examination Information

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Each participant must EITHER attach a copy of a physician conducted sports examination applicable to this current academic year OR have a physician complete and then sign the form below.

Clearance: (circle one)

A. Cleared

B. Cleared after completing evaluation / rehabilitation for: \_\_\_\_\_

C. Not cleared for:  Collision

Contact

Noncontact:  Strenuous  Moderately strenuous  Nonstrenous

Due to: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Signature of physician \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone \_\_\_\_\_

Participant: Before Saturday, May 13, 2017

Email this form to: [mgtcemail@gmail.com](mailto:mgtcemail@gmail.com)

Or

Mail to:  
Minnesota Gymnastics Training Center  
P.O. Box 27193  
Minneapolis, MN 55427