

**CRYSTALLETTES SYNCHRONIZED SKATING TEAMS
DEARBORN FIGURE SKATING CLUB HEALTH FORM
2011-2012**

Name: _____ Birthdate: _____
 Last First Initial

Weight: _____ Height: _____ Blood Pressure: _____

Pulse: _____ Respiration: _____ Date of Last Tetanus: _____

H.E.E.N.T. _____

Lungs: _____

Heart: _____

Abdomen: _____

G.U. _____

Extremities: _____

Allergies: _____

Synchronized Team Skating is a vigorous, competitive, aerobic activity involving stress on the upper and lower extremities. Should the skater's activity be restricted because of any physical defect or illness?

Yes _____ No _____

If yes, explain the degrees of restriction below:

Physician's Signature: _____

Address: _____

Phone: _____

SKATER MUST HAVE HAD A PHYSICAL WITHIN THE LAST 12 MONTHS

