



**TENNESSEE AMERICAN LEGION**

**2022 BOYS STATE**

**Physician Release**

**Note to Examiner:** Please consider the ability of the applicant to be one of approximately 600 boys engaged in a 7 day active program. Also, please consider our desire to eliminate, insofar as possible, all communicable disease.

**Name:** \_\_\_\_\_

**Physical examination must be completed no earlier than twelve (12) months prior to reporting.**

Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Hernia \_\_\_\_\_ Kind \_\_\_\_\_ Degree \_\_\_\_\_

Skin \_\_\_\_\_

Has he any physical limitations? If yes, describe:

\_\_\_\_\_

Known allergies \_\_\_\_\_

Medications taken daily \_\_\_\_\_

Recommendations (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date