



**TENNESSEE AMERICAN LEGION
2025 BOYS STATE
Physician Release Form**

Note to Examiner: Please consider the applicant's ability to be one of approximately 500 boys engaged in a 7-day active program. Also, please consider our desire to eliminate, insofar as possible, all communicable diseases.

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 _____

Any physical limitations? If yes, describe:

Known allergies _____

Medications taken daily _____

Recommendations (if any) _____

Signature of Health Care Provider

Date