

Medical Examination and Clearance

(To be completed by adult participants or parent of minors)

Is there a known history of?

- | | | | |
|---|-----|-----|----|
| a) Birth deformities (one eye, one kidney, etc.) | yes | | no |
| b) Medical conditions currently under treatment | | yes | no |
| c) Pre-existing injury currently under treatment | yes | | no |
| d) Fractures or other disability type of injuries | yes | | no |
| e) Allergy (drugs, food, asthma, etc.) | yes | | no |
| f) Mental Disorders or convulsions | yes | | no |
| g) Past illness of more than one week's duration | | yes | no |
| h) Contact lens Glasses | | | no |

If you answer yes to any question a-g, please explain:-----

I hereby state that the MFCC is NOT responsible for any pre-existing injury or reoccurrence of any undisclosed injury or illness of the above individual prior the first day of attending MFCC facility.

Signature:..... Date:/...../..... Relationship to member:

Parent Permit:

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give this permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter

Signature:..... Date:/...../.....

Relationship to member: