



SERTOMA MILE HIGH SOAP BOX DERBY



3900 Norwood Drive, Littleton, CO 80125 303-791-1900 www.smhsbd.com

Doctor's Examination Form (To be completed by physician)

Name _____

Age _____ Height _____ Weight _____

Should there be any limitations places on this child participation in the Sertoma Mile High Soap Box Derby race? _____

If yes, what? _____

Is this child presently taking medication which would make it inadvisable for him/her to participate? _____

Has this child ever blacked out or lost consciousness during physical activity? _____

I, _____ have examined the above child and I find no reason which would make it medically inadvisable for this child to compete in a supervised Soap Box Derby race. (See exceptions above)

Physicians Name (Please print) _____

Address _____

Physician's signature _____