



# AMERICAN LEGION JERSEY BOYS STATE

*"A Week That Shapes the Future"*

Sponsored by THE AMERICAN LEGION, DEPARTMENT OF NEW JERSEY  
RIDER UNIVERSITY, Lawrenceville, NJ

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## MEDICAL CERTIFICATE

ONE SECTION to be completed by FAMILY PHYSICIAN

rev 1.2 4/1/2019

### PHYSICIAN'S STATEMENT

**PLEASE NOTE: If you have a school or sports physical from the past 12 months, that may be attached in lieu of the section below. However, please fill out the other sections above this section!**

**NOTE TO PHYSICIAN:**

Applicant will do much walking and negotiation of stairs in a fast-moving, tightly-scheduled weeklong program. He must be able to communicate easily. Please indicate whether he has any temporary or permanent disability which would in any way hinder his complete participation. Provide a short statement on current health history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_ THROAT \_\_\_\_\_

SKIN \_\_\_\_\_ EYES \_\_\_\_\_ EARS \_\_\_\_\_

HERNIA: DATE, TYPE, DEGREE \_\_\_\_\_

Recent exposure to or contracting of communicable disease? \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

Does he have any possible recurring injury? \_\_\_\_\_

Any reason for NOT participating in athletics? \_\_\_\_\_

Reaction to drugs or bleeding problems? \_\_\_\_\_

Does he have any dormant disease or condition that could manifest itself while attending this session?  
\_\_\_\_\_

Other comments (Feel free to attach additional sheets): \_\_\_\_\_  
\_\_\_\_\_

PRINT PHYSICIAN NAME/TITLE \_\_\_\_\_

OFFICE NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
(Area Code)

ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

When complete, Applicant/Parent should upload this form to student health profile on <https://app.campdoc.com>