**AMERICAN ENERGY SWIM CLUB**

**MEDICAL EXAM AND REPORT**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

American Energy Swim Club

Oklahoma City, OK

Doctor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been examined and in my opinion he/she is in good physical condition and able to participate in strenuous training and competition. If there are any conditions of which we should be aware, please list them below in the Remarks section.

Thank you.

Remarks:

Doctor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_