

COTSWOLD PEDIATRICS

3030 Randolph Rd, Suite 102 Charlotte, NC 28211

Phone: 704-512-4475, Fax: 704-512-4478

Sports Form

_____ is a regular patient under my care.

Immunizations are up to date by current recommendations. There are no health problems to limit participation in nursery, school, camp, or athletics except as noted below.

Date of last physical _____

Weight _____ Height _____ Blood Pressure _____

Vision (R) _____ (L) _____ Hearing _____

Allergies:

Medication & Indications:

Significant health problems and/or limitations to normal activities:

Immunization Record: See Attached Sheet.

Provider Signature

Date