

Student name _____

Chelsea Yacht Club

Youth Sailing Medical Form (To be kept Confidential)

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical History _____

Allergies to medications _____

To foods _____

Other _____

Current Medication(s) Taken _____

Date of last Tetanus Shot _____

Physician's Name _____ Telephone _____

Attach most recent physical examination form from family physician.