



2025 JCC Maccabi Teen Medical Form

Teen's Full Name: _____

Sport: _____ Delegation: _____

2025 Official JCC Maccabi Teen Medical Form

This form MUST be completed by a licensed physician. Examination for some other purpose within this period is acceptable; however information must be transferred to this form and signed by the treating physician. Examination is for determining fitness to engage in strenuous activities.

This examination must be performed within ONE YEAR of 2025 JCC Maccabi

Table with 3 columns: Question, YES, NO. Rows include: Are the patient's vaccinations up to date? Does the patient have pre-existing medical conditions? Date of patient's last tetanus shot? Does the patient wear a Medical Alert Bracelet? Does the patient have any allergies that require them to carry an EPI Pen? Is the patient allergic to any medications? Does the patient take any medication for ADD/Other Behavioral/Psychiatric?

I have examined the person herein described and have reviewed the health history. It is my opinion that the patient listed above is physically able to engage in JCC Maccabi activities, except as noted above.

Signature of Physician _____ Date: ____/____/____

Physician's Address _____

Address City State Zip Code

Physician's Phone () _____ - _____

** RETURN THIS FORM TO YOUR DELEGATION HEAD by: Date: ____/____/____ **