2026 JCC Maccabi Teen Medical Form

Teen's Full Name: _____

Sport: _____ Delegation: _____

2026 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 2026 JCC Maccabi

Are the patient's vaccinations up to date? *The patient's vaccination records MUST be attached prior to submission.*	**YES**	**NO**
*If **NO,** please explain reason*		
Does the patient have pre-existing medical conditions that would result in any restrictions or recommended limitations for the patient while participating in the Games?	**YES**	**NO**
Date of patient's last tetanus shot	_____/_____/_____	
Does the patient wear a Medical Alert Bracelet?	**YES**	**NO**
*If **YES**, please explain their medical condition*		
Does the patient have any allergies that require them to carry an EPI Pen?	**YES**	**NO**
*If **YES**, please list all allergies that require an EPI Pen*		
Is the patient allergic to any medications?	**YES**	**NO**
*If **YES**, please list all medication(s)*		
Does the patient take any prescribed medications?	**YES**	**NO**
*If **YES,** please list health / mental health conditions, prescription(s) and dosing.*		

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: _____/_____/_____****