

## PHYSICIAN'S RELEASE

I have examined the below named person in the following respects and find him/her in good physical condition and capable of participation in the Circus City Festival, Inc., Circus:

Blood Pressure: \_\_\_\_\_

Pulse: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Urinalysis	_____	_____
Liver, Spleen, Kidney	_____	_____
Vision	_____	_____
Neurological	_____	_____
Musculoskeletal	_____	_____
Cardiovascular	_____	_____
Respiratory	_____	_____

\_\_\_\_\_ is in good physical condition and in my opinion can participate in the Circus City Festival, Inc., Circus.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Examination

PLEASE RETURN COMPLETED FORM TO CIRCUS TRAINER AS SOON AS POSSIBLE!

**No performer may practice or perform until this form is completed in full.**