

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.