



# Medical Report for Pierce Leadership Academy

## 19/06/2023 – 07/07/2023

Participant’s last name \_\_\_\_\_

Participant’s first name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student ID \_\_\_\_\_

### DETAILS OF PARENT / GUARDIAN

Last and First Name \_\_\_\_\_

Address & Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Relationship with the child \_\_\_\_\_

### SECTION A –HEALTH ISSUE

Does the participant have any health issue(s) that the Pierce Leadership Academy should be aware of (allergies, medications, diseases, , learning difficulties);

No  Yes (*please describe*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION B – PHYSICAL EXAMINATION AFFIRMATION FOR THE PARTICIPATION IN PLA 2020

I have examined the participant and found that he/she is able to participate in the activities of Pierce Leadership Academy, and organized trips, excursions including swimming and exercise for recreational purposes.

Yes  No (*please describe*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF DOCTOR**

Last & First name \_\_\_\_\_

Prefecture \_\_\_\_\_

Address \_\_\_\_\_

City / Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Signature / Stamp \_\_\_\_\_

Email \_\_\_\_\_

*This information is collected with the sole purpose of ensuring the health of the children involved in the program and the proper organization and operation of the Pierce Leadership Academy. They are kept strictly private and confidential and stored by a doctor/nurse according to the provisions of Rules of Participation (“Notification and Consent for the Processing of Personal Data”).*