



Medical Report for Pierce Leadership Academy

2024

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”).