

# PHYSICAL EXAMINATION

NAME OF PARTICIPANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PROGRAM(S) \_\_\_\_\_

The sections below **MUST** be completed by a licensed **PHYSICIAN** and is **REQUIRED** for participant **ATTENDANCE**.

The examination must be **within 12 months (1 year)** of the participant's entire stay/time at camp.

\*\* If there is a copy of a physical from the camper's Physician, Health Clinic, School or Sports Physical, please attach.\*\*

\*\*If no physical examination is attached, PHYSICIAN must complete this form for camper to attend camp session.\*\*

## EXAMINATION

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_

General appraisal:

Known allergies (please specify):

Special Considerations:

Restrictions while attending camp:

Other

***I have examined the person herein described and it is my opinion that the individual is physically able to engage in all camp activities, except as noted above.***

Date of Signature \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Signature of PHYSICIAN \_\_\_\_\_

Printed name \_\_\_\_\_

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of participant/camper \_\_\_\_\_ Date \_\_\_\_\_