

Record of Health Examination

All participants attending resident camp or working at resident camp are required to have a completed health examination by a **LICENSED PHYSICIAN - MD, A PHYSICIAN ASSISTANT - PA, OR NURSE PRACTITIONER - NP** acting under the supervision of a licensed MD may also complete and sign the health examination.

The health exam must be complete within 12 months of camp session. **Due date for all health records for participants is JUNE 1st.** If your physical can not be completed by this date, you will be able to continue to submit/upload this form up to 72 hours prior to the start of the session.

Participant Name: _____

To be completed by MD, PA, or NP:

I have examined the participant within the past 12 months. **Date of Exam:** _____

Height	Weight	Blood Pressure

In my opinion, the above participant's condition is acceptable to participate in an active outdoor camp program.

Yes No

If No, please list any activities that should be limited:

The participant is under the care of a physician for the following conditions:

(Please include the current treatment, including any medications)

Name of MD, PA, or NP

Signature of MD, PA, or NP

Phone

MEDICAL OFFICE STAMP OR ADDRESS