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PHYSICAL EXAMINATION YMCA CAMP MENOBYN

Camper Legal Name: _____

Date of Birth: _____

Session Start Date: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER.

Note to examiner: The Menobyn program involves strenuous activity, which may include lifting and carrying 50 to 95 pounds, in a wilderness environment. Please review the participant's health history provided on a separate page and complete the following. You may also attach a copy of the camper's more recent physical exam covering the areas below.

Physical exams are required within 12 months upon arrival at camp. A new physical exam form must be submitted every year.

Camper's Legal Name: _____ Sex: _____
LAST FIRST MIDDLE INITIAL

Height: _____ Weight: _____ BP: _____ Pulse: _____ Resp: _____

| | Normal | Description of Abnormal Findings |
|-------------------------|-----------|----------------------------------|
| Skin | | |
| HEENT | | |
| Pulses | | |
| Heart | | |
| Lungs | | |
| Tanner Stage | 1 2 3 4 5 | |
| GI / GU | | |
| Musculoskeletal | | |
| Neuro | | |
| Emotional or Behavioral | | |

Date of last tetanus immunization (required within 10 years) _____

Date of second Measles/Mumps/Rubella Immunization: _____

Camper is cleared for strenuous exercise in a remote wilderness environment.

Camper is NOT cleared, due to: _____

Medications: _____

Other Recommendation: _____

| | |
|------------------------------------|---------------------------|
| Name of Health Care Provider _____ | Date of Examination _____ |
| Providers Address _____ | Phone _____ |
| Provider's Signature _____ | Date _____ MD DO CNP PA |