



Camper Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Session Start Date: \_\_\_\_\_

# Physical Examination 2021 YMCA Camp Menogyn

Please upload this document at [campdoc.com](http://campdoc.com)

## To be completed by Health Care Provider.

Note to examiner: The Menogyn 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 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