



Camper Name: _____
 Date of Birth: _____
 Session Start Date: _____

Physical Examination 2019

YMCA Camp Widjiwagan

Please mail/email/fax this form to the YMCA Customer Service Center

YMCA Customer Service, 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402

Phone: 612-822-2267 | Fax: 612-223-6322 | upload document ymcamn.org/contact_us

To be completed by Health Care Provider.

Note to examiner: The Widjiwagan 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