

Healthcare Provider Form

Participant Name: _____

First

Middle

Last

All participants attending resident camp 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 from the start of the camp session.*

To be completed by MD, PA, or NP:

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 in the space below.

Limitations/Restrictions at Camp:

Current Treatment & Medications: *(the participant is under the care of a physician for the following conditions and/or medications)*

Name of MD, PA, or NP

Signature of MD, PA, or NP

Phone

Medical Office Stamp/Address