



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 at ymcanorth.org/contact_us

PHYSICAL EXAMINATION YMCA CAMP WIDJIWAGAN

Camper Legal Name: _____

Date of Birth: _____

Session Start Date: _____

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 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