

Physician's/Nurse Practitioner's Examination

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)

Please rate the following:

V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes	Ears	Nose	Throat	Posture	Skin	Hernia	Abdomen	Genitalia	Extremities	Heart	Lungs

General Appraisal Please address any concerns from above.	
Medications Please list any medications the applicant is currently taking.	
Allergies Please list any allergies the applicant may have.	
Current Medical Problems and Treatments Use a second sheet if needed.	
Recommendations List restrictions on the applicant at camp.	
Immunizations	Date of last tetanus shot
Are immunizations up to date?	Yes No

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today: Yes No If no, date of examination:

Name of Doctor or Nurse Practitioner	Signature	Date

Fly Your Kite Camp: Please scan and email form to info@flyyourkitecamp.com