



## Physician Physical Exam

You are being asked to certify that this individual has no contraindications for participation in an outdoor adventure program. This program includes but is not limited to **rock climbing, mountain biking, hiking, white water rafting, and other physically demanding activities**. The camp is at **high altitude** (10,000 feet) .

Examiner: Please fill out the following information:

Height (inches): \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

Are there any limitations to activities?

Yes       No

List any limitations: \_\_\_\_\_

## Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in the Knights of Heroes Summer Camp. This participant does not have uncontrolled asthma, COPD, heart disease, diabetes, seizures or hypertension.

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office phone: \_\_\_\_\_

**\*This medical examination is valid for 24 months from the date signed**