

Please Return to: YMCA Customer Service Center, 2125 E Hennepin Ave, Suite 100 Minneapolis, MN 55413-2720

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 examinations are required every two years.

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 contact exercise in a remote wilderness environment, several hours from definitive medical care.
- Camper is NOT cleared, due to: _____

Medications _____

Other Recommendation _____

Name of Health Care Provider _____	Date of Examination _____
Providers Address _____	Phone _____
Providers Signature _____	Date _____ MD DO CNP PA

Session: _____
Date: _____