



# TWO SENTINELS GIRL SCOUT CAMP

P.O. Box 10906 Pleasanton, CA 94588 • twosentinels@gmail.com • (925) 289-9469

## RECORD OF HEALTH EXAMINATION

To be completed within 12 months of camp attendance by a LICENSED PHYSICIAN – MD or DO, PHYSICIAN'S ASSISTANT OR A NURSE PRACTITIONER ACTING UNDER THE SUPERVISION OF A LICENSED PHYSICIAN.

Dear Provider: our camp is located at an elevation of 8000 feet (backpacking units WILL exceed this elevation). Activities may include swimming in cold water (high 60's to low 70's), hiking, and backpacking for an extended period with a 25 to 30 pound pack. Please assess this person for any pre-existing conditions, (e.g., ankle, knee, head injuries) that may affect their ability to participate in these activities.

I have examined \_\_\_\_\_ within the past 12 months.

Date Examined \_\_\_\_\_

In my opinion, the above applicant's condition \_\_\_\_ IS \_\_\_\_ IS NOT suitable for active participation in a camp of this nature (check one).

Activities to be limited \_\_\_\_\_

The applicant is under the care of a physician and/or mental health professional for the following conditions:

\_\_\_\_\_

Allergies \_\_\_\_\_

Current treatment (including medications): \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Provider's Name \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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

Phone: \_\_\_\_\_