



# MINNESOTA NATIONAL GUARD YOUTH CAMP

## Physician Exam Form

Revised Feb 2017

1360 University Ave West Box 132 St. Paul, Minnesota 55104-4086 Phone: (763) 670-1257

Applicant's Full Name (print please): \_\_\_\_\_

### Physical Exam (Check one of the following):

- This is a new application. The below portion has been completed by a Licensed Medical Personnel.
- The applicant has had a physical within 24 months of the start of camp. The signed physician form is attached.

**NOTE: DUE TO HIPPA PRIVACY RULES, THE MINNESOTA NATIONAL GUARD YOUTH CAMPS NO LONGER KEEP MEDICAL RECORDS ON FILE FROM PREVIOUS YEARS.**

**THIS SIGNED PHYSICIAN EXAM FORM (OR AN EQUIVILANT SIGNED PHYSICAL EXAM FORM) MUST BE COMPLETED EVERY TWO YEARS BY A LICENSED MEDICAL PERSONNEL AND SUBMITTED ANNUALLY FOR THE CAMP PARTICIPANT TO ATTEND! \*\*\*NO EXCEPTIONS\*\*\***

Dr.: \_\_\_\_\_ Examined this individual on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month/Day/Year

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

Last Tetanus vaccination: \_\_\_\_\_ Immunizations are current:  YES  NO

In the Doctor's Opinion, the above applicant is able to participate in a physically active camp program without restrictions (please check one):

- YES  NO

If NO, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Licensed Medical Personnel (MD, PA or NP): \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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