



THE LEAGUE

The League for People with Disabilities - Camp & Recreation

Camp Administration Team: 410-323-0500 x366 – camp@leagueforpeople.org

Camp Nurse: 410-323-0500 x602 campnurse@leagueforpeople.org

Physical Examination & Medical Clearance

Participant Name: _____ DOB: _____

HEALTH CARE RECOMMENDATIONS FROM PHYSICIAN

Blood Pressure: _____ Weight: _____ Height: _____

In my opinion, this participant is able to participate in an active camp and/or recreation program: Yes _____ No _____

Limitations or Restrictions: _____

Medical concerns or treatments to be monitored during program: _____

Medically prescribed meal plan and/or dietary restrictions: _____

Date of physical exam: _____

I certify that I have completed a physical examination of this person on the date listed above, which is **within ONE year of the expected program participation date**. This person is in satisfactory condition to participate in an active residential camp program or travel program for and with people with disabilities. **I am aware of all medications prescribed to this camper, as listed on the accompanying Medication Confirmation Form, and see no contraindications.** This person can also receive PRN medications and/or treatments when deemed necessary by Health Center staff and as outlined in The League's standing orders as listed on the Medication Confirmation Form.

Health Provider Name and Title (Printed): _____

Health Provider Signature: _____ Date: _____

Address: _____ Phone Number: _____ Fax Number: _____

Please return this form by fax to 866-306-7424 or by scanning and emailing it to campnurse@leagueforpeople.org