The League for People with Disabilities - Camp & Recreation
1111 East Cold Spring Lane, Baltimore, MD 21239
Fax: 866-306-7424

Camp Director: 410-323-0500 x366 – mbell@leagueforpeople.org
Admin Coordinator: 410-323-0500 x309 – sroutzahn@leagueforpeople.org
Nurse (call/text): 443-970-3164 - bmcmillan@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.

PHYSICIAN/PROVIDER SIGNATURE: _____ DATE: _____

Physician's Name and Title (printed): _____

Address: _____ Phone Number: _____ Fax Number: _____

Please return by fax or scan by email to the Camp Nurse listed above.