



MINNESOTA NATIONAL GUARD YOUTH CAMP

Physician Form

Revised Dec 2016

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: _____