

2010 HEALTH AND MEDICAL RECORD

LEVEL A: For use by Participants in all Philmont Backcountry Programs and some Philmont Training Center Programs. (Meets BSA Class 3 Requirements)

This health and medical record, including limitations indicated, is valid for participation in Scouting (unit activities, camping, local and national events) for 12 months after date completed by physician. Each participant is subject to a medical recheck at Philmont. **STAFF PHYSICIANS AT PHILMONT RESERVE THE RIGHT TO DENY THE PARTICIPATION OF ANY INDIVIDUAL ON THE BASIS OF A PHYSICAL EXAMINATION AND/OR MEDICAL HISTORY.**

INSTRUCTIONS FOR FORM

1. READ THIS ENTIRE FORM!
2. Note the weight for height requirements on Page 3. These are mandatory! Participants who do not meet Philmont weight for height requirements *will not be allowed on the trail and will be sent home.*
3. Complete the personal health history information on Page 5.
4. Participant and parent (if participant is under age 18) must sign on Page 4.
5. Attach a copy of your health insurance card (not applicable if you do not have health insurance).
6. Obtain a physical examination from a physician licensed to practice medicine (MD or DO), a certified physician's assistant, or a nurse practitioner, who must complete and sign Page 6.

THE PHILMONT TREK EXPERIENCE

A Philmont trek is physically, mentally and emotionally demanding. Each participant must be able to carry a 35 to 50 lb. pack (but no more than 25-30% of their body weight) while hiking 5 to 12 miles per day in an isolated mountain wilderness, ranging from 6,500 to 12,500 feet in elevation. Climatic conditions include temperatures from 30 to 90 degrees Fahrenheit, low humidity (10-30%) and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12 gauge trap shooting, .30-06 shooting, trail building, mountain biking and other activities that may have potential for injury. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Refer to the *Guidebook to Adventure* for specific information. Philmont staff instructs participants in safety measures to be followed. Each participant and crew is expected to follow these safety measures and to accept responsibility for the health and safety of each of its members.

RISK ADVISORY - PHILMONT SCOUT RANCH

Philmont has an excellent health and safety record with over 910,000 adults and young people having attended since 1938. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Most participants in Philmont programs do not experience injuries because they are prepared, are conscious of risks, and take safety precautions. If you decide to attend Philmont, you should be physically fit, have proper clothing and equipment, be willing to follow instructions and work as a team with your crew and take responsibility for your own health and safety. For further information please thoroughly read the *Guidebook to Adventure*. Like other wilderness areas, Philmont is not risk free and you should be prepared to listen to safety instructions carefully, follow directions and take appropriate steps to safeguard yourself and others.

Parents, guardians and potential participants in Philmont programs are advised that journeying to and from Philmont, and one's stay at Philmont, can involve exposure to accident, illness, and/or injury associated with a high elevation, physically demanding, high adventure program in a remote mountainous area. Campers may be exposed to occasional severe weather conditions such as lightning, hail, flash floods and heat. Other potential problems include: injuries from tripping and falling, motor vehicle accidents, worsening of underlying medical conditions such as diabetes or asthma, heart attacks, heat exhaustion and falls from horses.

Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes and mountain lions are native and usually present little danger if proper precautions are taken. Please refer to the *Guidebook to Adventure*, speak with previous Philmont participants, or call Philmont for further information concerning risks and measures which can be taken to avoid accidents. Philmont has staff trained in first aid, CPR and accident prevention, and is prepared to assist in recognizing, reacting, and responding to accidents, injuries and illnesses. Each crew is also required to have at least one member trained in wilderness first aid and CPR. Medical and search and rescue services are provided by Philmont in response to an accident or emergency. However, response times can be affected by location, weather or other emergencies and could be delayed six (6) or more hours.

Philmont trail food is, by necessity, a high carbohydrate, high caloric diet. The trail food is high in wheat, milk products, sugar and corn syrup, and artificial coloring/flavoring. Most dinner meals contain meat. If participant has a problem with the diet described above, contact Philmont for a copy of the trail menu and ingredients and plan to send supplemental food. Philmont will deliver supplemental food to the appropriate pickup places.

MEDICATIONS and IMMUNIZATIONS

Each participant at Philmont who has a condition requiring medication should bring an appropriate supply for the duration of the trip. The pharmacy at the Health Lodge is limited and the identical medications may not be available. In certain circumstances duplicate or even triplicate supplies of vital medications are appropriate. People with an allergy to bee, wasp or hornet stings must bring an EpiPen that has not expired, with them to Philmont. Philmont cannot guarantee the delivery of any medication for participants in a backcountry program. Please call Philmont if you have any questions. Philmont recognizes the right of a Scout not to have immunizations, etc. because of religious beliefs. However, a statement signed by the parents is required, indicating that the Scout is free from contagious disease and is able to physically tolerate the altitude and terrain as described in this form. Write Philmont for a copy of the statement.

RECOMMENDATIONS REGARDING CHRONIC ILLNESSES

Philmont requires that this information be shared with the parent(s) or guardian(s) and examining physician of every participant. Philmont does not have facilities for extended care or treatment, therefore, participants who cannot meet these requirements will be sent home at their expense.

CARDIAC OR CARDIOVASCULAR DISEASE

Adults who have had any of the following should undergo a thorough evaluation by a physician before considering participation at Philmont.

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents).
4. Stroke or transient ischemic attacks (TIA's)
5. Claudication (leg pain with exercise caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking
9. Excessive Weight (see chart on Page 3 or 4)

Youths who have congenital heart disease or acquired heart disease such as rheumatic fever, Kawasaki's disease or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at Philmont.

The altitude at Philmont and the physical exertion involved may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven (7) conditions listed above should have a physician supervised stress test. More extensive testing (e.g. nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test is normal, the results of testing done at lower elevations and without the backpacks carried at Philmont do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

HYPERTENSION (HIGH BLOOD PRESSURE)

The combination of stress and altitude appears to cause significant increase in blood pressure in some individuals attending Philmont. Occasionally hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, developing altitude sickness, or angina. **Participants coming to Philmont should have a normal blood pressure (less than 140/90).** Persons with significant hypertension (greater than 140/90) should be treated and controlled before coming to Philmont, and should continue on medications while at Philmont. **The goal of treatment should be to lower the blood pressure to normal.** It is the experience of the Philmont medical staff that such individuals often develop significant hypertension when they arrive at Philmont. Participants already on antihypertensive therapy with normal blood pressures should continue on medications. Diuretic therapy to control hypertension is not recommended because of the risks of dehydration which exist with strenuous activity at high altitude and low humidity. Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.**

DIABETES MELLITUS

Exercise and the type of food eaten affect medication requirements. Any individual with diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust medication doses based on these factors. The diabetic person also should know how to give a self injection. Both the diabetic person and one other person in the group should be able to recognize symptoms of high blood sugar and of low blood sugar. The diabetic person and one other individual should know the appropriate initial responses for these conditions. One should bring a fast acting sugar to treat low blood sugars. It is recommended that the diabetic person and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Bring a small insulated container for your insulin. Bring enough testing equipment and supplies for your trip and trek. Extras are usually needed.

An insulin dependent diabetic who has been newly diagnosed (within last 6 months) or who has undergone a change in delivery system (e.g. insulin pump) in the last 6 months, should not attempt to participate in the strenuous activities encountered at Philmont. A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate in a trek at Philmont until better control of the diabetes has been achieved. Call Philmont at 575-376-2281 to obtain permission from the chief medical officer for individuals hospitalized within the past year.

SEIZURES (EPILEPSY)

A seizure disorder or epilepsy does not exclude an individual from participating at Philmont. However, the seizure disorder should be well controlled by medications. A minimum six month seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered by Philmont's chief medical officer and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew. The medical staff at the Health Lodge may place some restrictions on activities (rock-climbing, horse riding, etc.) for those individuals who are approved for participation but whose seizures are incompletely controlled.

ASTHMA

Asthma should be well-controlled before coming to Philmont. Well-controlled asthma means: 1) the use of an inhaler less than once daily; 2) no need for nighttime treatment with an inhaler. Well controlled asthma may include the use of long-acting bronchodilators, inhaled steroids or oral medications such as Singulair. You must meet these guidelines in order to participate. You will not be allowed to participate if: 1) you have exercise asthma not prevented by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past 6 months; or 3) you have needed treatment with oral steroids (prednisone) for asthma in the past 6 months. **You must bring a 15 day supply of your medications and a spare inhaler that are not expired.** At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the inhaler. **Any person who has needed treatment for asthma in the past 3 years must carry an inhaler on the trek. If you do not bring an inhaler, you must buy an inhaler at Philmont before you will be allowed to participate.**

ALLERGY OR ANAPHYLAXIS

Allergy shots may be given to persons on a maintenance dose and who have not had an anaphylactic reaction. You must bring your own medications. Philmont staff may not be able to give allergy shots while persons are on their trek. Persons who have had an anaphylactic reaction from any cause must contact Philmont before coming. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it at Philmont before you will be allowed to participate.

RECENT MUSCULOSKELETAL INJURIES AND ORTHOPEDIC SURGERY

Every Philmont participant will put a great deal of strain on feet, ankles, and knees. Participants who have had orthopedic surgery, including arthroscopic surgery or significant musculoskeletal injuries, within the past six (6) months, find it difficult or impossible to negotiate Philmont's steep rocky trails. Individuals with significant musculoskeletal problems (including back problems) or recent orthopedic surgery/injuries, must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to backpack at Philmont. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by a Philmont physician. **Ingrown toenails are a common problem and must be treated prior to arrival.**

PSYCHOLOGICAL AND EMOTIONAL DIFFICULTIES

A psychological disorder does not necessarily exclude an individual from participation. Parents and advisors should be aware that a Philmont trek is not designed to assist participants to overcome psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a trek at high elevation, carrying a heavy backpack over steep, rocky trails. Any condition should be well controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to a Philmont trek and medication should be continued while at Philmont.** Participants requiring medication must bring an appropriate supply for the duration of the trip.

PHILMONT WEIGHT LIMITS FOR BACKPACKING AND HIKING

Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight for height chart shown below. The right hand column shows the maximum acceptable weight for a person's height in order to participate in a Philmont trek. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks. These guidelines are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems and injury.

Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. For example, a person 70 inches tall cannot weigh more than 226 lbs. All heights and weights will be measured in stocking feet.

For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont physicians will use their best professional judgment in determining participation in a Philmont trek. Participants under 21 years of age are strongly encouraged to meet the weight limit for their height. Exceptions are not made automatically and discussion in advance with Philmont is required regarding any exception to the weight limit for persons under 21 years of age, whether it is over or under. Philmont will consider up to 20 lbs. over the maximum acceptable as stated on the chart, however, the exception will never exceed 295 lbs. Philmont's phone number is 575-376-2281.

The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 lbs. **Under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs.** This requirement is necessary because of limitations of rescue equipment and for safety of search and rescue personnel.

Individuals who do not meet Philmont's weight for height requirements will not be allowed on the trail and will be sent home.

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptable
60	97 - 138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptable
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

A water-displacement test to determine percent body fat will also be accepted in lieu of the height-weight guidelines. Women will need to have a body fat of 20% or less and men will need to have a body fat of 15% or less to be qualified to participate. No other form of test to determine percent body fat (DEXA scan, skin fold, etc.) will accepted by Philmont.

**AUTHORIZATION FOR PARTICIPATION,
MEDICAL CARE, AND DISCLOSURE OF HEALTH
INFORMATION**

I, the undersigned, have read and understand this entire form, including the sections entitled *THE PHILMONT TREK EXPERIENCE, RISK ADVISORY, RECOMMENDATIONS REGARDING CHRONIC ILLNESSES, PHILMONT WEIGHT LIMITS FOR BACKPACKING & HIKING*, as well as recommendations for blood pressure and immunization. The participant's health history is accurate and complete to the best of my knowledge. The participant has permission to engage in all Philmont activities described, except as specifically noted on this form by me or the physician.

I hereby consent to and authorize the Philmont medical staff to evaluate, examine and treat the participant as appropriate under the circumstances for injuries or illnesses that may occur, including permission for physical examination, administration of medications and injections, and emergency medical transport. In case of emergency in which the participant is in need of immediate hospitalization, further medical attention, or surgery and, in the case of a minor, the participant's parents or legal guardian cannot be located for the purpose of consenting thereto, after reasonable efforts have been made under the circumstances, I authorize the participant's adult leaders, Philmont medical staff, and/or Philmont management to give consent on participant's behalf for transport, hospitalization, surgery, anesthesia, and other necessary medical treatment.

I authorize the participant's adult leaders, Philmont medical staff, and Philmont management to disclose to, and receive from, any physician, hospital, or health care provider any health information regarding the participant, including but not limited to health history, medications, examination findings, test results, and treatment provided, for purposes of medical evaluation or treatment of the participant, transportation for medical treatment, follow-up by Philmont staff on medical treatment or transport, communication with the participant's family, and/or determination of the participant's ability to take part in any Philmont activity.

I further authorize any physician, hospital or health care provider that may provide medical evaluation or treatment to the participant to disclose to, and receive from, the participant's adult leaders, Philmont medical staff, and Philmont management any health information regarding the participant, including but not limited to health history, medications, examination findings, test results, and treatment provided, for purposes of medical evaluation or treatment of the participant, transportation for medical treatment, follow-up by Philmont staff on medical treatment or transport, communication with the participant's family, and/or determination of the participant's ability to take part in any Philmont activity.

I understand that, without exception, I have the right to revoke this authorization in writing at any time. I understand that the signing of this authorization for disclosure of health information is not a condition for treatment or payment. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

This authorization for disclosure of health information shall expire 90 days after the conclusion of participant's expedition, employment or participation at Philmont. A photocopy of this form may be used in lieu of the original.

I HAVE READ THIS ENTIRE FORM. ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT MY (PARTICIPANT'S) WEIGHT DOES NOT EXCEED THE MAXIMUM ACCEPTABLE WEIGHT FOR HEIGHT SHOWN BELOW; I UNDERSTAND THAT IF I DO NOT MEET THESE REQUIREMENTS I WILL NOT BE ALLOWED TO PARTICIPATE ON THE TRAIL.

PARTICIPANT NAME (Please Print) DATE

PARTICIPANT SIGNATURE (Required) DATE

PARENT/GUARDIAN SIGNATURE DATE
(Required if Participant is Under 18 Years of Age)

**PHILMONT WEIGHT LIMITS FOR
BACKPACKING AND HIKING**

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptable
60	97 - 138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

LEVEL A: Participants in all Backcountry Program (Meets BSA Class 3 Requirements)

Name _____ *Date of Birth _____ Age _____ Male _____ Female _____
 Address _____ Grade Completed (youth only) _____
 City _____ State _____ Zip _____ Phone # (_____) _____
 Council Name _____ Unit # _____ Religious Preference _____
 Social Security Number _____ (Required by medical facilities for treatment, if necessary.)

*The 2010 Philmont participant must be 14 years of age on the date of arrival OR have completed the eighth (8th) grade and be at least 13 years of age. Philmont can make no exceptions.

PLEASE ATTACH PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE".
 Family Medical Insurance Company _____ Policy # _____ Phone # (_____) _____
 Address of Insurance Company _____ City, State, Zip _____

In Case of Emergency, Notify:
 Name _____ Relationship _____
 Address _____
 Home Phone # (_____) _____ Cell Phone # (_____) _____ Business Phone # (_____) _____
 Alternate Contact _____ Phone # (_____) _____

PARTICIPANT HEALTH HISTORY

Place a check beside the diagnosis if you now have, or have ever been treated for any of the following (if checked explain below):

Asthma/Lung Disease _____ Bleeding Disorders _____ Diabetes _____ Heart Disease _____ High Blood Pressure _____
 Kidney Disease _____ Orthopedic Problems _____ Seizures (Epilepsy) _____ Sickle Cell Disease _____ Sinus Trouble _____
 Abdominal Problems _____ Earaches/Infections _____ Fainting Spells _____ Altitude Sickness _____ ADD/ADHD _____

(Explanation for any above) _____
 Other (please explain) _____
 Any mental illness _____ Explain _____
 Allergies or reactions to any medication _____ Allergy to food, plants or insect bites _____
 Past medical/injury history (be specific) _____

 Past surgical history (be specific) _____

MEDICATIONS

List all medication currently used. (If additional space is needed, please photocopy this part of the health form.) Include any occasionally used medication such as inhalers or EpiPens.

Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ _____ Approximate Date Started _____ Temporary _____ Permanent _____	Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ _____ Approximate Date Started _____ Temporary _____ Permanent _____	Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ _____ Approximate Date Started _____ Temporary _____ Permanent _____
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NOTE: Be sure to bring unexpired medications needed while at Philmont including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

PHYSICIAN'S MEDICAL EVALUATION

TO THE EXAMINING PHYSICIAN:

You are being asked to certify that this individual has no contraindication for participation in a "Philmont Trek Experience." Philmont is a remote mountain wilderness area where medical care for injuries or illnesses may not be available for up to 6 hours or more. Each participant in a Philmont trek must be able to spend seven or more days:

- * hiking 5-12 miles per day over rugged mountainous terrain,
- * **while carrying** a backpack weighing 35-50 pounds (but no more than 25-30% of body weight)
- * at altitudes ranging from 6,500 to 12,500 feet,
- * in very low humidity (10-30%) and temperature ranges from 30 to 90 degrees.

1. **PHYSICAL EXAMINATION:** Height _____ Blood Pressure _____ Pulse _____
 Weight _____ Maximum Weight for Height _____ (from chart, Page 4)
An individual exceeding this weight limit will not be permitted to participate.

	Normal	Abnormal		Normal	Abnormal
Eyes	[]	[]	Range of Mobility:		
Ears	[]	[]	Knees both)	[]	[]
Nose	[]	[]	Ankle (both)	[]	[]
Throat	[]	[]	Spine	[]	[]
Lungs	[]	[]			
Heart	[]	[]	Other:	Yes	No
Abdomen	[]	[]	Contacts	[]	[]
Genitalia	[]	[]	Dentures or	[]	[]
Skin	[]	[]	Oral Braces		
Emotional Adjustment	[]	[]	Inguinal Hernia	[]	[]

IMMUNIZATION HISTORY
 If disease, put "D" and year. Tetanus immunization must have been received within last 10 years.
 Last year given
 Tetanus _____
 Diphtheria _____
 Pertussis _____
 Measles _____
 Mumps _____
 Rubella _____
 Polio _____
 Chicken Pox _____
 Hepatitis A _____
 Hepatitis B _____

List any medical diagnoses and explain any abnormalities noted above:

2. **ALLERGIES:** (To what agent, type of reaction, treatment) _____

3. EXAMINER'S CERTIFICATION:

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in the "Philmont Trek Experience" activities as outlined in this form. This participant:

- meets height/weight requirements,
- does not have uncontrolled heart disease, asthma or hypertension,
- has not had orthopedic injury, musculoskeletal problems or surgery in the last 6 months,
- has no uncontrollable psychiatric disorders,
- has had no seizures in the last 6 months,
- and does not have poorly controlled diabetes.

4. **RESTRICTIONS** (if none, so state) _____

5. PHYSICIAN'S INFORMATION (All items must be completed): Physician licensed to practice medicine (MD, DO). An examination conducted by a certified physician's assistant, or a nurse practitioner will be recognized. **Printed name, address & phone # of physician required.**

Printed Name _____
 Address _____
 City, State, Zip _____
 Office Phone # (_____) _____

Examiner's Signature _____
 Date _____

Please call Philmont if you have any questions: 575-376-2281

~~~~~ **DO NOT WRITE BELOW THIS LINE - PHILMONT USE ONLY** ~~~~~

REVIEW FOR CAMP OR SPECIAL ACTIVITY

SCREENED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECHECK BY PHYSICIAN: \_\_\_\_ YES \_\_\_\_ NO REASON \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_