



## 2026 PHYSICAL EXAM RECORD

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To be filled out by your licensed physician. You must have a physical examination within 18 months of the session start date. Keep a copy of this completed form for your records.

Physicians, please complete and return to guardian.

Deadline: APRIL 15, 2026

All camper information is to be uploaded and/or entered in CampDoc's – please contact us if you have questions  
Ph: 715.385.2312 • camp@manito-wish.org



## SUMMER CAMP & OUTPOST

**TO THE EXAMINING PHYSICIAN:** Camp Manito-wish YMCA is a resident summer camp in Boulder Junction, WI. All staff and campers are required to be physically active, and participate on canoeing, sea kayaking, and/or backpacking trips of varying lengths. Physical activity may include: • **Strenuous activities during hot and cold weather** • **Carrying heavy packs and /or canoes** • **Walking on uneven terrain.**

**Camp Manito-wish YMCA is not a rehabilitation program.** CMY is not a place to work through behavioral or psychological problems.

**Prior physical conditioning** and enthusiastic mental attitude are a necessity. Participants find CMY's outpost program to be an extremely demanding experience both physically and emotionally.

**Camp Manito-wish YMCA courses are wilderness expeditions**, varying in length from eight days to three months. Expeditions operate in remote areas where evacuations to modern medical facilities may take days.

### Outpost participants 14 and older may experience:

- **Extreme weather conditions** with temperatures ranging from -40°F. to +100° F.; prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible
- **Physical demands on the participants** may include carrying a backpack weighing between 55-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending or descending steep mountain slopes
- **Elevations for backpacking courses** range from sea level to 12,000 feet; Peak climbs and mountain courses may be as high as 14,000 feet
- **Physical demands of sea kayaking and river courses** require paddling heavily loaded kayaks, canoes and lifting and carrying boats over uneven terrain

**It is extremely important to the safety and well-being of all participants that we obtain accurate information regarding this person's current medical status and medical history.**

Name	Camper's name	First	Middle in.	Last	<input type="checkbox"/> Summer Camp (select one)	<input type="checkbox"/> Outpost (select one)	
Vaccines	You may send a copy of medical office record. Required immunizations must be determined locally. Please record the date (month/year) of basic immunizations and most recent booster doses.						
	Vaccines			Date of Basic Immunization		Booster Dose	
	Diphtheria	OR	DPT/DTaP	1.		1.	
	Pertussis (Whooping Cough)			2.		2.	
	Tetanus			3.			
	Tetanus	OR	TD				
	Diphtheria						
	Injectable Polio (Salk)						
	Oral Polio (Sabin) TOPV						
	Tetanus						
	Measles, Mumps, Rubella (MMR)						
	Pneumococcus (Prevnar)						
	Hepatitis B (HBV)						
	Hemophilus Influenza type B (HIB)						
Meningococcus							
COVID-19							
Other							

Allergies	Examples: Medications, insect stings, environmental, food		
	Allergy (list below)	Reaction	Medication

Anaphylaxis & Diabetes	Physician's notes. If the participant has diabetes or anaphylactic reactions, please provide complete treatment information.		

Physical Examination by Licensed Physician	Code: S = satisfactory NS = not satisfactory (explain) O = not examined			
	Height	Weight:	B.P.:	Hct Or Hgb Test:
	Eyes		Hernia	
	Glasses		Extremities	
	Ears		Including: Shoulder	
	Nose			
	Throat		Knees	
	Heart		Ankles	
	Genitalia		Feet	
	Lungs		Posture/spine	
Abdomen		Skin		

Menstrual	Has she menstruated?	If not, has she been educated about menstruation?
	If so, is her menstrual history normal?	Special considerations:

Restrictions	Recommendations/Restrictions while in Camp			
	Special diet			
	Current medications			
	Strenuous activity			
	Risk factors for contracting COVID-19			
	Other			

Medications	Prescriptions MUST be in original containers. Please send only prescription medications that your child is currently using. If an over the counter medication is prescribed, include sufficient amount for camper's session in original container. <b>**The Health Center will only administer medications for which information is completed below</b>				
	Medication	Dosage	Frequency (# days)	Route	If PRN, indicate reason:
If participant is on psychiatric medications, how long have they been on their current medication routine (dose/frequency)?					
If a change has been made in the last three months, please give more information:					

Physician Approval	Physician's signature REQUIRED. On the basis of your knowledge of the applicant, the applicant's medical history, the present physical examination of the applicant and your knowledge of the activities in which they will be asked to participate, do you feel this individual is able to participate in the Camp Manito-wish program?			YES	NO	
	Physician's signature:				Date:	
	Physician name (print):					
	Complete address:					
	Phone:		Email:			