

## MEDICAL RECORD NATIONAL ROYAL RANGER TRAINING CAMPS

### GENERAL INFORMATION

A physical examination by a physician is required for enrollment in a national training camp. Persons arriving at a camp without having had a physical examination will be required to have such an examination at personal expense by a local physician. This form is to be completed and mailed in with the application, or brought with you to the camp. The National Royal Rangers Office has the prerogative to accept or reject any person based upon his medical health.

<b>HEALTH HISTORY</b>	To be completed by the applicant and/or the physician. Answer YES or NO to the following and briefly explain all yes answers under "REMARKS".				
Sinus Condition		Shortness of Breath		Exposed to Infections	
Ear Problem		Skin Infection		A) Disease Past Three Weeks	
Lung Problem		Hearing Difficulty		B) Hepatitis Past Six Months	
High Blood Pressure		Bad Eyesight		Any disorder Preventing	
Allergy - Asthma		Do you wear contacts		Strenuous Activities	
Fainting or Dizzy Spells		Any Medical Care		Taking Prescription Medicine	
		Within the Past Year		Any Reaction to Drugs or	
		Any Surgery Within Past Year		Medication of Any Type	

REMARKS AND MEDICAL FACTS WE SHOULD KNOW IN CASE OF EMERGENCY:

Give Latest Date of Inoculation or Vaccination Against the Following	Tetanus	Small Pox	Measles	Typhoid	Diphtheria	Polio
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I know of no physical reason that would restrict me from participation in camp activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICAL EXAMINATION

Physician Please Note: Trainees enrolled in outdoor activities are exposed to strenuous physical activity. Therefore, the applicant must be physically sound and strong enough to engage in such activity.

Print Applicant's Name:	Examination Date	Birth Date	Height	Weight	Occupation
BRIEFLY INDICATE CONDITION	HEART	LUNGS	THROAT	EARS	
	EYES	SKIN	HERNIA	BLOOD PRESSURE	

In your opinion is the applicant physically capable to take training? YES \_\_\_\_\_ NO \_\_\_\_\_

REMARKS:

Physician's Name	Physician's Signature
Physician' Address	Physician's Business Phone Number with Area Code