

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

| | Yes | No | Explain |
|-------------------------------------|-----|----|---------|
| Medical restrictions to participate | | | |

| Yes | No | Allergies or Reactions | Explain |
|-----|----|------------------------|---------|
| | | Medication | |
| | | Food | |

| Yes | No | Allergies or Reactions | Explain |
|-----|----|------------------------|---------|
| | | Plants | |
| | | Insect bites/stings | |

| Height (inches) | Weight (lbs.) | BMI | Blood Pressure | Pulse |
|-----------------|---------------|-----|----------------|-------|
| | | | / | |

| | Normal | Abnormal | Explain Abnormalities |
|------------------|--------|----------|-----------------------|
| Eyes | | | |
| Ears/nose/throat | | | |
| Lungs | | | |
| Heart | | | |
| Abdomen | | | |
| Genitalia/hernia | | | |
| Musculoskeletal | | | |
| Neurological | | | |
| Skin issues | | | |
| Other | | | |

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

| True | False | Explain |
|------|-------|---|
| | | Meets height/weight requirements. |
| | | Has no uncontrolled heart disease, lung disease, or hypertension. |
| | | Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician. |
| | | Has no uncontrolled psychiatric disorders. |
| | | Has had no seizures in the last year. |
| | | Does not have poorly controlled diabetes. |
| | | If planning to scuba dive, does not have diabetes, asthma, or seizures. |

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

| Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 60 | 166 | 65 | 195 | 70 | 226 | 75 | 260 |
| 61 | 172 | 66 | 201 | 71 | 233 | 76 | 267 |
| 62 | 178 | 67 | 207 | 72 | 239 | 77 | 274 |
| 63 | 183 | 68 | 214 | 73 | 246 | 78 | 281 |
| 64 | 189 | 69 | 220 | 74 | 252 | 79 and over | 295 |



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