



Medical Verification Form

I have examined _____

and have reviewed their health history. In my opinion, she/he:

- IS physically and emotionally able to work actively as a summer camp staff member, running and guiding sports and activities for children & youth in an outdoor setting.

- IS NOT physically and emotionally able to work actively as a summer camp staff member, running and guiding sports and activities for children & youth in an outdoor setting.

Verifier Information (Physician/Nurse/Walk-in Clinic):

- Verifier's Name (please print): _____
- Title (Physician/Nurse/Clinic): _____
- Phone (Country Code + Area Code + Number): _____
- Email: _____
- City: _____
- Country: _____

Licensed Verifier's Signature: _____

Date: _____

Verifier's Stamp (Place Stamp Here):

