



**Date:** April 30, 2023  
**To:** National Camping School Participant  
**From:** Brent Nicolai, NCS Course Director ([brentbjn@hotmail.com](mailto:brentbjn@hotmail.com))  
Dr. Tim Brox, MD, Local Council Host Liaison ([timothy.brox@scouting.org](mailto:timothy.brox@scouting.org))  
**Subject:** Welcome to National Camping School (Camp Chawanakee)

Congratulations, your National Camping School application has been received! On behalf of the faculty, we look forward to serving you at Camp Chawanakee in May. The following information will help you prepare for NCS, please read carefully.

**Critical information about your National Camping School participation**

**LOCATION:**

Camp Chawanakee  
43485 Dinkey Creek Road  
Shaver Lake, CA 93664

**DATES:**

May 27-June 2, 2023

**CHECK-IN:**

Upon arrival, you will be directed to the Dining Hall for check-in. All participants should plan to arrive between 9:00 a.m. and 11:30 a.m. (PDT) on Saturday, May 27, 2023. A camp map and driving directions are attached to this welcome letter. Any registration-related questions may be directed to the BSA National Office by calling 972-580-2444.

**EARLY ARRIVALS:**

If you need to arrive on Friday, May 26th due to travel arrangements, please select “Early Arrival” in the online registration system. The Early Arrival fee of \$55\* includes dinner on Friday and breakfast on Saturday. Early arrival check-in will be at the Love Dining Hall.

*Note: For those who are not registered as early arrivals, your first meal will be lunch on Saturday, May 27th.*

**AIRPORT TRANSPORTATION (Additional Fee):**

The most convenient airport for attending Bert Adams Scout Camp NCS is Fresno International Airport [FAT]. If you are flying and need shuttle service, please contact Tim Brox MD at [timothy.brox@scouting.org](mailto:timothy.brox@scouting.org) for shuttle arrangement.

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**BSA HEALTH & MEDICAL RECORD:**

Your camp health screening will take place at check-in. **Please make sure Part C of your BSA Annual Health & Medical Record has been signed by a Medical Doctor, Physician's Assistant (Master's degree) or a Licensed Nurse Practitioner within 12 months of the last day of this NCS session.** Those without a current Annual Health & Medical Record will be required to obtain one at their own expense before being allowed to remain in camp.

**PREREQUISITES (Select Sections):**

Please note that there are pre-requisite trainings which you **MUST** have before you attend you attend NCS. Please ensure you bring support materials (certificates) with you as proof. **Those participants who arrive without their prerequisites completed will not be certified.**

- **Shooting Sports Director:** NRA Basic (Rifle & Shotgun), NRA Instructor (Rifle & Shotgun)
- **Aquatics Director:** Current Lifeguard certification (BSA Lifeguard, Red Cross Lifeguard, YMCA Lifeguard, Starfish Aquatics Institute Starguard, Ellis & Associates International Lifeguard Training Program, or equivalent) Safe Swim Defense and Safety Afloat training and proven swimming skills.
- **COPE Director:** COPE Level I Instructor
- **Climbing Director:** Climbing Level I Instructor
- **Resident Camp Director and Resident Camp Program Director:** Online NCAP and Unlawful Harassment Prevention Training is available at on the NCS page at <https://www.scouting.org/outdoorprograms/national-camping-school/>
- **ALL:** BSA Youth Protection Training

**WEATHER:**

Some of the scheduled programming will take place outdoors. While daytime temperatures in May/June can be as high as the 70's and 80's, **it WILL get cold at night.** In fact, four years ago it snowed on the first day of National Camping School at this camp! Please bring suitable bedding, clothing (long pants and other items that will keep you warm), jacket, rain gear, sleeping gear, hat and sunscreen.

**ACCOMODATIONS:**

Housing will be in BSA-style platform tents with foam mattresses. Bedding and linens will not be provided. If you need access to electricity for a CPAP machine, please bring an extension cord.

**DRESS CODE:**

National Camping School graduates set the example when it comes to wearing the right uniform at the right time in camp. BSA Field Uniform will be required for meals, formations and campfire. BSA Activity Uniform will be worn at all other times. Please be sure to bring enough BSA Activity Uniform polos and t-shirts to get you through the week.

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**DAY ONE CAMP-WIDE SCHEDULE (Saturday, May 27<sup>th</sup>):**

7:00 am - 7:45 am	Breakfast
8:00 am - 9:00am	Staff Preparation in Section Areas
9:00am - 11:30 am	Check-in, Registration, Section Interviews and Campsite Check-in
12:00 pm - 12:30 pm	Lunch
12:30 pm - 12:45 pm	Mealtime Presentation - Purposes of NCS
1:00pm - 5:00 pm	Course Instruction
5:00 pm - 5:45 pm	Personal Time
5:45 pm - 6:00 pm	Assembly & Retreat
6:00 pm - 6:45 pm	Dinner
6:30 pm - 6:45 pm	Mealtime Presentation – Aims & Methods of Scouting
7:00 pm - 8:30 pm	Course Instruction
8:30 pm - 9:30 pm	Welcome Campfire
9:30 pm - 10:00 pm	Cracker Barrel
10:00 pm - 11:00 pm	Personal Time/Study Time

**EQUIPMENT/GEAR NEEDED BY PARTICIPANTS:**

Please see the attached document that lists the equipment and gear required during your week of National Camping School. Many sections require that you bring program items or copies of Council documents in addition to your personal camping gear.

**VISITORS:**

Please do not plan to have visitors or additional attendees such as spouses or children. Only participants and faculty are permitted on camp property while the course is in session.

**DEPARTURE:**

Departure will be after graduation on Friday, June 2nd. Participants who are enrolled in any retraining sections will be able to depart after lunch on Tuesday, May 30th.

**NATIONAL CAMPING SCHOOL TRADING POST:**

While National Supply will not have a trading post at National Camping School, you can preview and purchase NCS items at the following website:

<https://www.scoutshop.org/shop-by-scout/special-collections/national-camp-school.html>

**A small sample of the many NCS specialty items that are available:**



Items purchased from National Supply will be shipped directly to your home.

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As a member of your council's resident camping leadership team, you will be providing Scouts with an experience that they will remember the rest of their lives. Thank you for making the decision to attend National Camping School.

Yours in Scouting,

Brent Nicolai  
NCS Course Director

*\* The early arrival fee is handled through the event registration system. You may or may not be expected to cover it personally (discuss with your local council). The fee includes lodging the night prior to the start of the course, dinner Friday night and breakfast Saturday morning. No activities are planned for early arrivals as the staff will be busy with course preparations.*

**Attachments:**

Driving Directions  
Camp Chawanakee Map  
Equipment Needed by Students  
BSA Annual Health & Medical Record

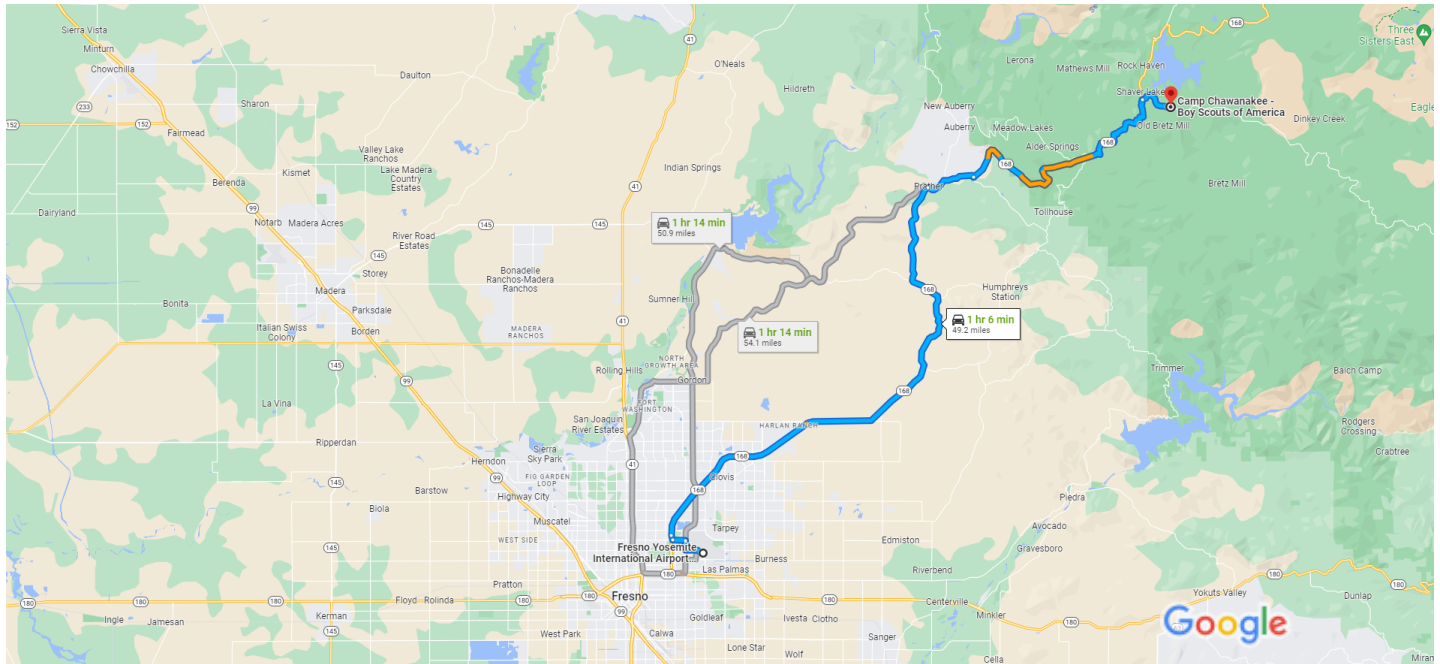


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# Fresno Yosemite International Airport Long Term Parking, 5175 E Clinton Way, Fresno, CA 93727 to Camp Chawanakee - Boy Scouts of America, 43485 Dinkey Creek Rd, Shaver Lake, CA 93664



Map data ©2023 Google 2 mi

## Fresno Yosemite International Airport Long Term Parking

5175 E Clinton Way, Fresno, CA 93727

### Get on CA-168 from E Clinton Way, N Chestnut Ave and E Shields Ave

- 6 min (2.4 mi)
- ↑ 1. Head northwest
- 0.1 mi
- ↪ 2. Turn right onto E Clinton Way
- 0.8 mi
- ↪ 3. Turn right onto N Chestnut Ave
- 0.5 mi
- ↩ 4. Turn left onto E Shields Ave
- 0.7 mi
- ↗ 5. Turn right onto the CA-168 E ramp
- 0.2 mi

### Follow CA-168 to Dinkey Creek Rd in Shaver Lake

- 55 min (45.0 mi)
- ↗ 6. Merge onto CA-168
- 27.8 mi

- 7. At the traffic circle, take the 2nd exit and stay on CA-168  
2.7 mi
- 8. Turn left to stay on CA-168  
14.5 mi

**Follow Dinkey Creek Rd to Chawanakee Rd**

- 9. Turn right onto Dinkey Creek Rd  
4 min (1.9 mi)  
1.9 mi
- 10. Turn left onto Chawanakee Rd  
26 ft

**Camp Chawanakee - Boy Scouts of America**



# CAMP CHAWANAKEE

THE HAPPIEST PLACE IN THE SIERRAS

## MAP KEYS

- SHOWERS
- CHARCOAL BINS
- FIRST AID STATION
- Restroom
- Cabins



- Chess
- Emergency Preparedness
- Finger Printing
- FIRST AID
- Game Design
- Geocaching
- Radio
- Robotics

- Art
- Basketry
- Indian Lore
- Leatherwork
- Photography
- Pottery
- Wood Carving

- Canoeing
- Kayaking
- Lifesaving
- Rowing
- Small Boat Sailing
- Swimming

- Adult Trainings**
- Adult CPR
  - Climb On Safely
  - Leave No Trace 101
  - Outdoor Leaders Skills
  - Safe Swim Defense
  - Safety Afloat
  - Trek Safely
  - Youth Protection

- Fire Safety
- Fishing
- Fly Fishing
- Orienteering
- Pioneering
- Search and Rescue
- Wilderness Survival

- Astronomy
- Bird Study
- Environmental Science
- Fish and Wildlife Management
- Geology
- Mammal Study
- Nature
- Pulp and Paper
- Reptile and Amphibian Study
- Soil and Water Conservation
- Space Exploration
- Weather

- Rifle Shooting
- Shotgun Shooting

OCTOBER 18 2019

## EQUIPMENT NEEDED BY STUDENTS

### ALL PARTICIPANTS SHOULD BRING

#### Current BSA Medical Form (all sections completed)

- |   |   |
|---|---|
| <input type="checkbox"/> Two or more complete official Scout field uniforms<br><input type="checkbox"/> Washcloths & towels<br><input type="checkbox"/> Camp or Scout t-shirts, Scout caps<br><input type="checkbox"/> Sleeping bag, blanket, sheets, pillow/case<br><input type="checkbox"/> BSA Handbook<br><input type="checkbox"/> Job description, camp schedules, promotion materials | <input type="checkbox"/> Toiletry items (soap, toothpaste, toothbrush, etc.)<br><input type="checkbox"/> Flashlight & pocketknife<br><input type="checkbox"/> Paper, pen/pencil for taking notes<br><input type="checkbox"/> Socks, underwear, shoes, outdoor clothing<br><input type="checkbox"/> Insect repellent and/or mosquito net<br><input type="checkbox"/> Rain gear |
|---|---|

### PLUS ... SECTION PARTICIPANTS SHOULD ALSO BRING:

#### AQUATICS DIRECTOR SECTION

- |   |  |
|---|--|
| <input type="checkbox"/> CPR Certification for the Professional Rescuer<br><input type="checkbox"/> Current Lifeguard certification ( <i>by recognized agency</i> )<br><input type="checkbox"/> First Aid Certificate<br><input type="checkbox"/> Kneeling pads (for canoeing)<br><input type="checkbox"/> Sandals, canvas shoes or tennis shoes<br><input type="checkbox"/> Mask, snorkel and fins | <input type="checkbox"/> Bathing suit (2)<br><input type="checkbox"/> Cap with visor, sunglasses, extratowels<br><input type="checkbox"/> Sunscreen, sun hat<br><input type="checkbox"/> Button-up, long-sleeve shirt, jacket or sweater, long<br><input type="checkbox"/> Diagram or sketch of your camp waterfront area(s) |
|---|--|

#### COPE and CLIMBING SECTIONS

- |   |   |
|---|---|
| <input type="checkbox"/> Long pants, comfortable for climbing<br><input type="checkbox"/> Sweatshirt, long-sleeve shirt<br><input type="checkbox"/> Hydration system or water bottle(s)<br><input type="checkbox"/> Local Council COPE/Climbing Staff Training plan<br><input type="checkbox"/> Local Council COPE/Climbing Operations plan | <input type="checkbox"/> Tennis shoes ( <i>or climbing shoes</i> ) and sturdy boots for hiking<br><input type="checkbox"/> Leather palm gloves, bandanna or neckerchief<br><input type="checkbox"/> Appropriate rain gear (no poncho's)<br><input type="checkbox"/> Sunscreen<br><input type="checkbox"/> Daypack |
|---|---|

#### ECOLOGY/CONSERVATION SECTION

- |   |  |
|---|--|
| <input type="checkbox"/> Binoculars<br><input type="checkbox"/> Canteen<br><input type="checkbox"/> Hiking boots (waterproof) | <input type="checkbox"/> Small backpack or fannypack<br><input type="checkbox"/> Field notebook<br><input type="checkbox"/> Camp conservation plan |
|---|--|

#### CAMP DIRECTOR SECTION

- |   |  |
|---|--|
| <input type="checkbox"/> Camp long-range & maintenance plans<br><input type="checkbox"/> Camp program/Leader's Guide<br><input type="checkbox"/> Camp conservation plan<br><input type="checkbox"/> Staff job descriptions & letter of employment<br><input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Camp budget & menus<br><input type="checkbox"/> Camp staff organization chart<br><input type="checkbox"/> Staff manuals, training schedules<br><input type="checkbox"/> Brochures, maps, promotion material, etc. |
|---|--|

#### PROGRAM DIRECTOR SECTION

- |   |   |
|---|---|
| <input type="checkbox"/> Camp Program materials<br><input type="checkbox"/> Program budget<br><input type="checkbox"/> Water bottle<br><input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Camp Leaders Guides<br><input type="checkbox"/> Camp Staff Flow chart<br><input type="checkbox"/> Program Schedule |
|---|---|

#### OUTDOOR SKILLS, FIRST YEAR CAMPER

- |   |  |
|---|--|
| <input type="checkbox"/> Pocketknife<br><input type="checkbox"/> Day Pack | <input type="checkbox"/> Compass (Pathfinder preferred)<br><input type="checkbox"/> water bottle |
|---|--|

#### TREK LEADER

- 
- Pocketknife
- 
- 
- Hiking boots & comfortable in--campshoes
- 
- 
- Personal First Aid Kit
- 
- Compass (Pathfinder preferred)
- 
- 
- Pack & frame or combo pack (suitable for overnight hike)
- 
- 
- Plate, cub bowl, eating utensils, water bottle
- 
- 
- Work gloves
- 
- 
- Backpacking tent, ground cloth &, pad

#### SHOOTING SPORTS SECTION

- 
- Current NRA pre-requisite training certification records
- 
- 
- Eye & ear protection
- 
- 
- Long-sleeve cotton shirt



## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

**DO YOU USE AN EPINEPHRINE AUTOINJECTOR?** Exp. date (if yes) \_\_\_\_\_  YES  NO

**DO YOU USE AN ASTHMA RESCUE INHALER?** Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations <b>(form required)</b>	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## 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](http://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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