

Camp Name \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Today's Date \_\_\_\_\_

**TO: Medical Personnel**

FROM: University of Colorado Boulder, Science Discovery Wilderness Camps

RE: Proof of physical

To Whom It May Concern:

CU Science Discovery Wilderness Camp program is licensed through the Colorado Department of Human Services to run overnight trips. State law requires that we receive confirmation on potential camper's health, immunizations, and a physical within the past 24 months. We appreciate your attention to completing this form and returning it to the parent requesting the information.

**Student Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

I have examined this student and found her/him to be in good physical condition. He/she is capable of active participation in a regular overnight camping program in the mountains or deserts of the states of Colorado, Utah, and Wyoming. This includes hiking, rafting, rock climbing, sleeping outdoors in tents or tarps, carrying a daypack and other typical outdoor activities. The exception to the above is:

\_\_\_\_\_

**Signature of Physician or Nurse Practitioner**

\_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
City State Zip

**PARENT:** Please remember to attach/include copy of Certificate of Immunization or complete the following:

**VACCINE** **MONTH and YEAR ADMINISTERED**

DTP Or Tetanus-Diphtheria \_\_\_\_\_

Polio \_\_\_\_\_

Measles \_\_\_\_\_

Rubella \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Hepatitis A, B, C \_\_\_\_\_

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named child is an adherent to a religious belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_