Apogee Adventures
Primary Care Practitioner's Examination Form

Instructions for Staff:

This form, or an acceptable alternative,* must be completed by a licensed physician, physician's assistant, or nurse practitioner, and must reflect the findings of a physical examination conducted more recently than January 1, 2022.

If you have been physically examined by their Primary Care Practitioner more recently than January 1, 2022, you should not need to schedule a new visit with your practitioner in order to complete this form. In this case, our form may simply be emailed or faxed to your primary care office with a request for completion.

The primary purpose of this form is to to obtain your Primary Care Practitioner's opinion of your fitness for your Apogee employment.

**Acceptable alternative: In lieu of Apogee's form, you may submit a copy of the most recent physical exam report, provided that it was conducted more recently than January 1, 2022, and provided that it includes the following information:*

- *A list of any currently-prescribed medications,*
- *A clear indication that you are approved to participate in camp and/or school programs with minor or no restrictions.*

Instructions for Health Care Providers:

This form, or an acceptable alternative,* must be completed by a licensed physician, physician's assistant, or nurse practitioner, and must reflect the findings of a physical examination of the individual conducted more recently than January 1, 2022.

Please return this completed form to Apogee Adventures using the fax number indicated below. Please include a copy of the individual's up-to-date immunization record if available. The dates of the referenced physical examination and completion of this form may differ.

Form for: Andre Chiquito
Fax form to 1 (207) 221-1404
Season: 2023

Apogee Adventures

Primary Care Practitioner's Examination Form

Date of examination must be more recent than January 1, 2022.
The examination should be adequate to determine fitness to engage in potentially strenuous activity.
Please also include a copy of the individual's immunization record. Attach additional sheets as necessary.

Name: _____ Date of Birth: _____

I examined this individual on _____ (date). Are immunizations up to date? **Y / N**

Weight: _____ Height: _____ BP: _____ Pulse: _____ Date of last Tetanus shot: _____

I have examined the above-named individual and reviewed their health history. In my medical opinion, this individual

☐ **IS able to participate in an active camp program, except as noted below or,**

☐ **IS NOT able to participate in an active camp program.**

Current medical diagnoses or treatments:

Allergies and/or dietary restrictions:

Activity restrictions and recommendations:

Medications (Please list any and all medications the student is currently taking that you have prescribed):

Med #1_____ Dosage_____ Specific times taken each day_____

Reason for taking_____

Med #2_____ Dosage_____ Specific times taken each day_____

Reason for taking_____

Med #3_____ Dosage_____ Specific times taken each day_____

Reason for taking_____

Signature Block:

_____ _____ _____

Practitioner's Printed Name | Practitioner's Signature | Today's Date

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Apogee, PO Box 505, Brunswick, ME 04011 ~ Fax 207-221-1404