ROCKY MOUNTAIN MENNONITE CAMP

AT 9620' ON PIKES PEAK MASSIF

709 County Road 62
Divide, CO 80814

719-687-9506
719-687-2582 (fax)

info@rmmc.org
www.rmmc.org

# Physical Examination by a physician

***To be completed by a physician or nurse practitioner, within 2 years of the last day of camp attendance. A copy of a physical already performed by a physician or nurse practitioner with 2 years of the last day of camp attendance meets this requirement.***

The participant will be part of a summer camp program at Rocky Mountain Mennonite Camp which is situated at 9,620' on Pikes Peak massif. Our camps involve a variety of physical activities including but not limited to hiking, group recreation, rock climbing, rappelling and pond activities.

**Camper Name** _____

**Date of examination** _____

**General health condition of participant:**

_____

_____

_____

_____

**I have examined this camp participant and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program, except as listed as below:**

_____

_____

_____

_____

| Signature of Physician or Nurse Practitioner | Name (print) | Date |
|---|---|---|
| Office Name | Phone | |
| Address | Fax | |
| City / State / Zip | Email | |