

STAFF MEMBER NAME: _____
Last First

**PLEASE RETURN THIS FORM
 BY MARCH 1ST, 2026**

PHYSICAL EXAMINATION – TO BE FILLED OUT BY LICENSED PHYSICIAN (Use the back of the form if necessary)

A physical examination of the staff member should be performed within twenty-four months before arrival at Camp War Eagle. Examination is for determining fitness to engage in camp activities and responsibilities. (See description of camp environment & activities below.) If the staff member has received a physical examination for some other purpose performed by a physician (MD, DO, APRN, PA) within twenty-four months of arrival at Camp War Eagle, AND if the staff member has not had any changes to his/her medical condition, then the staff member may provide a signed and dated copy of that physical to Camp War Eagle in lieu of receiving another physical examination. Upon presentation of original receipt, Camp War Eagle will reimburse the staff member for their expense in obtaining a new physical exam for Camp War Eagle employment purposes in an amount up to \$25.00. If the staff member cannot receive a physical examination for less than \$25.00, please contact Camp War Eagle for alternative recommendations.

CODE:		√ - Satisfactory	X – Not Satisfactory (explain)	O – Not Examined	
Height _____	Weight _____	Ears _____	Heart _____	Blood Pressure _____	Extremities _____
Eyes _____	Throat _____	Nose _____	Lungs _____	Posture (spine) _____	Hemoglobin (optional) _____
Glasses _____	Dental _____	Skin _____	Hernia _____	Abdomen _____	Urinalysis (optional) _____

General Appraisal of ability to perform staff work: _____

Allergy (ies): _____

Diabetes, arthritis, cancer or other illness or medical conditions: _____

Cognitive, mental, or emotional conditions: _____

Recommendations and restrictions while at Camp War Eagle: _____

Swimming, Diving _____ Strenuous Activity _____

Dietary Restrictions _____

(Please notify Camp War Eagle in writing, in advance, of any major dietary restrictions, which require special menu adjustments. Camp War Eagle is unable to guarantee that all requests can be met. Each case is considered on an individual basis.)

Other _____

Important Functions/Activities of Camp War Eagle Staff

The Camp War Eagle program is very active and physically challenging for staff members. A successful staff member must be able to function physically, mentally, and emotionally in a remote, rustic (non air-conditioned) atmosphere for a five to twelve week time period, depending on contract. The staff member may be involved in supervision of multiple young people under 18, strenuous physical activity, and extended work hours. The staff member must be able to safely perform the following daily activities with or without reasonable accommodation, which include but are not limited to:

- At least one hour every day of rigorous team competition and two to three hours of individual instruction, some of which are full-contact sports that require physical stamina and most of which are conducted outdoors;
- Travel across rough terrain, and strenuous physical activity;
- Swim safely in a lake with limited visibility;
- Supervision and interaction with multiple groups of young camp participants under 18;
- Run, jump, pivot, cut, throw and hike with limited access to food and medical support at times.

If a chronic medical, emotional, or behavioral condition exists (past or present), the staff member must be capable of performing the functions/activities listed above with or without reasonable accommodation and should be capable of “self-management” of his or her condition due to the remote location of the camp and limited access to medical care. If surgery has been performed for orthopedic repairs, the staff member must use supports (braces, knee sleeves, etc.) during all physical activities as directed by physician. A release from the physician must be sent to camp if the device is not necessary.

I have examined this person herein described and have reviewed his/her health history and the functions/activities performed at Camp War Eagle described above. It is in my opinion that he/she is physically able to engage in camp activities and physical demands of this position except as noted above.

Examining Physician Signature _____ Date _____ Phone _____

Print Name of Physician _____ Email _____

RETURN THIS STAFF HEALTH FORM, COPY OF INSURANCE CARDS AND PRESCRIPTION CARDS, and IMMUNIZATION RECORD TO CAMP WAR EAGLE by uploading it to your My CWE Staff Dashboard.