

## Physical Examination

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

Name \_\_\_\_\_ Sport \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision R \_\_\_\_\_ L \_\_\_\_\_ Corrected Y N      Participating in LandSea?: Y N

REGION	NORMAL	ABNORMAL	COMMENTS
Appearance			
Lymph Nodes			
Eyes/ Ears/ Nose/ Throat			
Heart/Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
Neck			
Back/Hip/Thigh			
Shoulders/ Arms			
Wrists/ Hands			
Knees			
Legs			
Ankles			
Feet			
Nervous (if indicated)			
Other			

**\*\*\*Incomplete information may result in a student's inability to participate in Athletics/LandSea\*\*\***

Cleared for Sport Participation: Y N

Cleared for LandSea: Y N

Cleared Pending Further Study: \_\_\_\_\_

Cleared with Limitations \_\_\_\_\_

Comments/ Recommendations \_\_\_\_\_

**Information for the Medical Professional regarding LandSea:**

The LandSea Program at Kalamazoo College is a physically strenuous 19-day wilderness experience that includes backpacking with a heavy pack (40-50 lbs.) over rugged terrain, hiking over several peaks up to 6,000 ft in elevation, paddling heavily laden canoes for several days at a time, portaging (carrying backpack and canoe overhead), rock climbing, rappelling and sleeping outside in August in varying weather conditions with minimal shelter. The LandSea Program disinfects all wilderness water using Iodine. LandSea is not a rehabilitation program and is not the place to quit smoking, drinking, or drugs or work through behavioral or psychological problems. Definitive medical care is often several days away and requires the group to evacuate the individual by foot over rough terrain. Participants should be in good physical shape and should be undertaking a serious conditioning program prior to participation.

Applicable only to students participating in LandSea: **By my signature, I attest that the information in this form is correct and the person named on this page is medically cleared to participate on a LandSea trip based on the information provided above along with the background information provided by the applicant and my physical examination of him/her.**

Physician Name (print) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_