

**PHYSICAL EXAMINATION**  
**To be completed by licensed physician**

NAME OF PERSON BEING EXAMINED					
WEIGHT	HEIGHT	BLOOD PRESSURE	HEART	LUNGS	
EYES	NOSE	EARS	THROAT	SKIN (Athlete's Foot)	
ESSENTIAL FINDINGS THAT ARE DEVIATIONS FROM NORMAL					
LIMITATIONS OR RESTRICTIONS					
SIGNATURE OF LICENSED PHYSICIAN		PHONE		DATE	
STREET ADDRESS		CITY		STATE	ZIP CODE

**Note to Physician:** This medical information is required in order for this Girl Scout to participate in a week-long event on Mackinac Island, which event will include activities such as standing for 2 ½ hour periods, marching, and walking up and down hills.