Extreme Mobility Camps, Inc.
3578 Claridge Court
Simi Valley, CA 93063
805-501-7231
xmocamps@gmail.com

PHYSICIAN'S REPORT

RESTRICTION:

Extreme Mobility Camps, Inc. is not staffed to care for participants with mental and/or physical problems whose care requires medically licensed staff and/or maximum supervision by an adult. Participants must be able to walk on their own and independently care for their personal needs. Those with multiple disabilities may not be eligible. Persons with enuresis or encopresis should not attend xmogames. Participants must be able to perform daily hygiene activities (dress, comb hair, shower, etc.), and personal activities (eating, restroom, etc.) unassisted.

Extreme Mobility Camps, Inc.
3578 Claridge Court
Simi Valley, CA 93063
805-501-7231
xmocamps@gmail.com

Name:_____

PHYSICIAN'S REPORT: (to be completed by physician)

ARE ALL IMMUNIZATIONS CURRENT? _____

DATE OF LAST TETANUS VACCINE? _____

HEIGHT_____ WEIGHT _____ BLOOD PRESSURE _____

MEDICATIONS (please include type/dosage/purpose):

_____

_____

_____

_____

RESTRICTIONS (if any):_____

_____

I HAVE EXAMINED THE PERSON HEREIN DESCRIBED AND HAVE REVIEWED HIS/HER HEALTH HISTORY. IT IS MY OPINION THAT HE/SHE ARE PHYSICALLY ABLE TO ENGAGE IN XMOGAME ACTIVITIES (downhill skiing, cross-country skiing, etc.).

SIGNATURE:_____
LICENSED PRIMARY CARE MEDICAL PROFESSIONAL

NAME:_____ TITLE: _____
PRINT

ADDRESS:_____
NUMBER & STREET CITY STATE ZIP

PHONE:_____ DATE:_____