

# 2020 COWG Encampment Application Instructions

## Senior Staff

***Before*** beginning this application, you must log in to CAP eServices, ***NOW***, and confirm that all of your contact information is correct. Phone and Email communications prior to encampment will use the contact information in eServices. If your information in eServices is NOT correct, you may miss very important communications.

# VERY IMPORTANT

**After completing the application packet,**

**DO NOT PRINT THE PACKET DOUBLE-SIDED!**

**Use single-sided printing ONLY!**

Double-sided printing causes significant problems when the packets are scanned to input data into the Encampment Database.

**Application Instructions are continued on the next pages.**

**DO NOT MAIL THIS PAGE WHEN SUBMITTING APPLICATION**

# 2020 COWG Encampment Application Instructions

## Senior Staff

**Read this document carefully before completing the application packet!**

This document has been successfully tested with Internet Explorer®, Google Chrome®, and Mozilla Firefox® browsers. Encampment staff recommends that you download the document and save it before completion; however, you can complete, save, and print the document using one of the browsers listed above if you desire. Within Microsoft Edge®, you can only VIEW the document; however, you can download the document from Edge and save it to your computer for later completion. We recommend saving the document using the procedures specific to your web browser. When saving, use a file name of your choice and save it to a convenient location on your computer.

**Do NOT print the document and complete it by hand unless you have no other way to fill out the forms.**

Complete this application packet in its entirety. **Enter information in all data fields!**

- Complete the application on your computer. The packet can be completed using Adobe Reader®, which is installed on most computers. Do not complete the application by hand unless there is no other option. After completion, print the application and obtain **all** signatures before submission. **Save** an extra copy off the application packet **after** obtaining all signatures in case you need to submit another copy because of errors or omissions.
- Do not leave any data fields blank! If a particular data field is not applicable or requires no entry, enter “None”, “Not Applicable” or “N/A” in that field, as applicable. All fields must have something entered in them.
- Encampment Administrative Staff ***WILL NOT ACCEPT*** an application that is not complete. All data fields must be complete and all signatures completed.
- Squadron commander must sign where indicated on 2<sup>nd</sup> page of **CAP Form 31, Application For CAP Encampment Or Special Activity** (Page 6 of packet)
- Wing commander or group commander signature is **not required**.

>>>>> **MAIL** application packets using US Postal Service First Class Mail – **ONLY!** <<<<<<<

**Review Important Information about Mailing Application Packets on the Next Page!**

**DO NOT MAIL THIS PAGE WHEN SUBMITTING APPLICATION**

The encampment mailing address is a mail box at the Buckley Air Force Base Mail Facility. It is not a physical delivery address like your home mail. The Buckley AFB Mail Facility is not a traditional Post Office and does not accept any delivery requiring a receipt signature on behalf of Civil Air Patrol. Buckley AFB Mail Facility does not accept any overnight express delivery on behalf of Civil Air Patrol because it is unmanned during non-duty hours.

**DO NOT** USE FedEx, UPS, Priority Mail, Registered Mail, Certified Mail, or any method that might require a recipient signature. Using these methods will only **DELAY** arrival at the Encampment Admin Office.

**PLEASE!!! DO NOT SEND ENCAMPMENT ANY OF THIS TYPE OF MAIL. Bad things often happen when you do. Encampment staff can share years of horror stories about Overnight, FedEx and Priority mail arriving months after encampment. Just do not do it! Encampment staff accepts no responsibility for processing this mail.**

**DO NOT Fax or Email Applications.**

Fax and/or email is not secure and you risk compromising personally identifiable information.

**We do not provide a fax number!** The encampment email address **IS NOT** checked daily.

US Postal Service First Class Mail is the **BEST, FASTEST, MOST RELIABLE,** and **LEAST EXPENSIVE** method! Even if you have procrastinated and waited until the last possible minute, US POSTAL SERVICE FIRST CLASS MAIL is still the best option for all of the reasons listed above

**DO NOT ATTEMPT TO STUFF THE APPLICATION PACKET INTO A LETTER SIZE ENVELOPE!**

**Mail the applications in a mailing envelope large enough so that paperwork does not require folding. Be certain to use adequate postage.**

Using U.S. Postal First Class mail **ONLY**, send completed application packet to:

COWG Encampment  
19210 East Breckenridge Avenue, Stop 33  
Buckley Air Force Base, Colorado 80011-9525

**Encampment Email Address:** [Encampment@cowg.cap.gov](mailto:Encampment@cowg.cap.gov) ***This address is not checked daily.***

**Credit Card Payments** - Colorado Wing Encampment accepts credit cards for payment of encampment fees. Encampment uses **Eventbrite** to accept credit and debit cards with Eventbrite's secure payment processor.

Link to Eventbrite Credit Card Payment System:

<https://www.eventbrite.com/e/cowg-cap-encampment-2020-senior-staff-credit-card-payments-tickets-94425748957>

**DO NOT MAIL THIS PAGE WHEN SUBMITTING APPLICATION**

## Colorado Wing Cadet Encampment

This document is a source of important information that may not be adequately addressed using the generic CAP Forms included in the application packet. It is very important that encampment staff have accurate and current contact information for all applicants, parents/guardians, and emergency contacts. ***E-Mail will be the primary method for routine communications to/from applicants and/or parents/guardians.*** Be certain that the contact E-mail addresses entered in this document will be valid through the end of encampment and will be checked regularly for new E-Mail. There are several forms that must be completed in this application packet. These forms will sometimes contain duplicate information. This packet is designed so that as you begin to enter information in the data fields, some of that information will automatically populate duplicate fields in the rest of the application packet documents. This reduces the time required to complete the application packet and reduces errors.

### APPLICANT INFORMATION

Position Applying For:		Student Cadet	Cadet Staff		Senior Staff	
Applicant Last Name		First Name (No Nicknames)		Middle Initial	CAPID	Gender
Social Security Number	Birth Month	Birth Day	Birth Year	CAP Grade		Grade in School (cadets)
Home Street Address or PO Box Number			City		State	Zip Code
T-Shirt Size (Adult Size)	Height (inches)	Weight (Lbs)		Hair Color	Eye Color	
Applicant E-Mail Address:			Religious Preference		If Other, Enter Specific Religion	
Home Phone Number		Cell Phone Number		Unit Charter Number		
If you selected " <b>Other Unit Outside COWG</b> " for Unit Charter Number, enter home wing (state) and unit charter number below. Home Wing (State) 2 Letter Abbreviation:                      Unit Charter Number:						

### PARENT/GUARDIAN INFORMATION (Cadet Applicants Only)

Parent/Guardian Name (Last, First, MI)		Relationship to Applicant	
Primary Phone Number	Secondary Phone Number	Parent/Guardian E-Mail Address	
What is the <b>BEST</b> Contact Phone Number to be Used during the Dates/Time of Encampment? This number will be used <b>first</b> for any necessary contact.			

### EMERGENCY CONTACT INFORMATION #1 (Primary Emergency Contact)

This person may be a *parent, guardian, relative, or family friend that you wish to be notified FIRST in case of an emergency.*

Primary Emergency Contact Name (Last, First, MI)		Relationship to Applicant	
Mailing Address		City	State      Zip Code
Primary (Best) Phone Number	Cell Phone Number	Day Phone Number	Night Phone Number

### EMERGENCY CONTACT INFORMATION #2 (Secondary Emergency Contact)

This person may be a *parent, guardian, relative, or family friend that you wish to be notified in case of an emergency if the **Primary Emergency Contact**, listed above, is not available or cannot be contacted.*

Secondary Emergency Contact Name (Last, First, MI)		Relationship to Applicant	
Mailing Address		City	State      Zip Code
Primary (Best) Phone Number	Cell Phone Number	Day Phone Number	Night Phone Number

**SENIOR STAFF COMPLETE DRIVER'S LICENSE INFORMATION AT THE BOTTOM OF THIS PAGE**


**Confirm that the applicant's Birth Date Information listed below is correct. If not correct, make needed corrections here. Corrections made here will automatically correct the rest of the form documents.**


by

**REQUIRED DRIVER'S LICENSE INFORMATION**

**Entry requirements for some military installations include Driver's License information for persons 16 or older.**

**Cadets with Driver's Licenses must enter the requested information below:**

Does the applicant have a Driver's License?      **Yes**      **No**      **You Must Select "Yes" or "No"**

*If you selected "Yes", enter requested information below. If "No", enter "None" or "NA" below.*

**DL Number** (include spaces an dashes):      **Issuing State:**      **Exp. Date:** (mmm-dd-yyyy)

**Continue by completing the forms on the following pages.**

## MEDICAL INSURANCE INFORMATION

Does the Applicant have Medical Insurance?      Yes      No      ←

Additional information about Medical Insurance will be collected later in this packet.

## PHYSICAL/MEDICAL RESTRICTIONS OR LIMITATIONS

**NOTE:** All pre-existing medical conditions **must** be disclosed on **CAP Form 160**, *CAP Member Health History Form*. **CAP Form 160** is included as part of this application packet. ***Cadets arriving at encampment with a pre-existing medical condition not previously disclosed may be disqualified from encampment participation and will not receive any refund of encampment fees.***

Participation in this encampment will involve physical training exercises, ropes course team building activities, team sports, running, drill, standing in formation, climbing/rappelling, walking several miles daily, climbing multiple flights of stairs, climbing ladders, and exposure to sun and hot weather conditions.

Does the applicant have a physical or medical condition, limitation, or restriction that will limit the applicant's ability to fully participate in this encampment?

Yes      No      ←

If "**Yes**" was selected, the applicant **must** submit a CAP Form 162, *CAP Member Physical Exam Form*, completed and signed by a physician. In this case, the completed and signed **CAP Form 162** must be submitted **with** the application packet or the application will not be accepted. The **CAP Form 162** is included as part of this application packet. This form contains a place for the physician to designate physical participation categories using medical classification designations. The form also contains a place for the physician to list any restrictions and/or limitations and their duration.

***If "Yes" was selected above, enter a description of the restriction and limitations below. If "No" was selected above, enter "None" in the box below and no physical examination is required.***

## SPECIAL NOTE FOR APPLICANTS WITHOUT CURRENT LIMITATIONS OR RESTRICTIONS:

***Except as indicated above, physical exams will likely not be required for this encampment.*** However, If after review of the applicant's application packet **CAP Form 160**, *CAP Member Health History Form*, the applicant's safe participation in this encampment is in question, the Encampment Commander may require additional information from the applicant's physician using the **CAP Form 162**, *CAP Member Physical Exam Form*, in order to determine if the applicant can:

- Safely participate in the encampment's full program,
- Participate in only a portion of the encampment due to medical limitations, or
- Is wholly unsuited for the activity due to medical or physical limitations.

If a physical examination is required, the applicant will be advised and given a deadline for submission of the physical exam results on a **CAP Form 162**, *CAP Member Physical Exam Form*. It is critical that the applicant complete this physical examination and submit the CAP Form 162 prior to the established deadline in order to maintain/obtain an encampment slot on the Primary List or Wait List. Early submission of the application packet is essential to minimize delays in the awarding of an encampment slot.

Where possible, accommodations will be made for applicants with pre-disclosed restrictions or limitations.

**Example:** *A cadet with a broken arm cannot participate in the ropes course or cannot do pushups, but can do most other training at encampment.*

**APPLICATION FOR CAP ENCAMPMENT OR SPECIAL ACTIVITY**

<b>Name (Last, First, Middle Initial)</b>		<b>CAPID</b>	<b>CAP Grade</b>		<b>Gender</b>
<b>Member Type</b>	<b>Charter Number (e.g. GLR-MI-059)</b>	<b>Grade in School</b>		<b>Religious Preference</b>	
<b>Address (Include No., Street, City, State and Zip code)</b>		<b>Home Phone Number</b>		<b>Cell Phone Number</b>	
		<b>E-Mail Address</b>			
<b>Birth Month (mmm-dd-yyyy)</b>	<b>T-Shirt Size</b>	<b>Height (inches)</b>	<b>Weight (Lbs)</b>	<b>Hair Color</b>	<b>Eye Color</b>
<b>Title of Activity</b>		<b>Location of Activity</b>		<b>Activity Dates</b>	
<b>Staff Position(s) Sought</b>					
<b>Emergency Contact Information</b>					
<b>(Primary Contact) Name (Last, First, Middle Initial)</b>		<b>Relationship</b>		<b>Primary Phone Number</b>	
<b>(Secondary Contact) Name (Last, First, Middle Initial)</b>		<b>Relationship</b>		<b>Primary Phone Number</b>	
<b>RELEASE AGREEMENT</b>					
<p>KNOW ALL MEN BY THESE PRESENTS that I am submitting my application for the Civil Air Patrol Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity or encampment and with full knowledge that such activity may include:</p> <ol style="list-style-type: none"> <li>1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicle from regular place of residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.</li> <li>2. Participation in aeronautical activities as a passenger in US military or CAP aircraft.</li> <li>3. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.</li> <li>4. Remaining with the cadet group I am assigned to at all times during the activity or encampment.</li> <li>5. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.</li> <li>6. Refraining from argumentative discussions concerning governmental policies.</li> </ol> <p>In consideration of its permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc/United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activities/encampment or continuances thereof, as well as all ground and flight operations thereto.</p>					
_____		_____			
<b>Date</b>		<b>Signature of Applicant REQUIRED</b>			

(Continue on next page)

Name (Last, First, Middle Initial)	Title of Activity
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**RELEASE BY PARENTS OR GUARDIAN**

KNOW ALL MEN BY THESE PRESENTS WHEREBY my child or ward has applied for the activity or encampment referred to above, in consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto. In addition, by my signature below, I certify that the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those noted in the Medical Information documents attached to this form.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If not following the above mentioned rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander, or activity commander at my expense.

However, in case of injury, disease or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

Date	Witness for Father's Signature (required)	Father or Guardian Signature (required)
	Witness for Mother's Signature (required)	Mother or Guardian Signature (required)

**Squadron Certification.** (Squadron Commander's signature is not necessary if the activity is approved in eServices or if it is a squadron activity.) (Signature of commander of assigned unit is required for ALL encampment applicants).

I certify that the above information is correct and that all requirements for attendance, as specified in National Headquarters Directives, will be completed by the required dates.

Date	Squadron Commander (or designee) (Required)
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**Group Certification.** (Group Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the group.)

Date	Group Commander (or designee)
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**Wing Certification.** (Wing Commander's signature is not necessary if the activity is approved in eServices or if the activity is held within the wing.)

Date	Wing Commander (or designee)
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## CAP MEMBER HEALTH HISTORY FORM

This information is **CONFIDENTIAL** and for official use only. It cannot be released to unauthorized persons. Answer all questions as accurately as possible so that the activity or encampment staff can be aware of any pre-existing medical problems or conditions and be alert to help you. This form will also provide medical information in a case when you are unable to do so.

Name (Last, First, Middle)		Grade	CAPID	Charter Number	
Date of Birth	Height (inches)	Weight (Lbs)	Hair Color	Eye Color	Gender

**Allergies:** List Names of Medication or Other Allergies (i.e., bee sting, food, plants, etc.) and types of reactions; *please note food allergy details with dietary restrictions in the space indicated on the next page.*

**Do You Now Have Or Have You Ever Had Any Of The Following?** Check "No" or "Yes" for each item. If "Yes" is marked in an item with multiple conditions **circle** which condition applies. **Explain a "Yes" answer in the remarks section or, if necessary, attach additional sheet.** (Conditions not specifically listed below that have the potential to interfere with performance during the special activity or encampment should be documented in the remarks section.) Must check "No" or "Yes" for ALL condition categories.

No    Yes	No    Yes
Decreased vision, glaucoma, contacts	Chronic or recurring injuries
Ear infections, perforation	Activity or mobility restrictions
Difficulty equalizing ears	Use of cane, walker, wheelchair
Hearing Loss, hearing aid	Back or neck pain or injury
Allergies, nasal stuffiness	Migraine or severe headaches
Anaphylaxis, serious allergic reaction	Dizziness or fainting spells
Asthma, emphysema (COPD)	Head injury, unconsciousness
Ever use an inhaler	Epilepsy or seizure
Short of Breath with activity	Stroke, paralysis
Heart Attack, chest pain, angina	Thyroid problems (low or high)
Heart murmur, heart problems	Diabetes, high or low blood sugar
Congestive Heart Failure	Cancer, leukemia
Irregular or rapid heartbeat	Blood disease, hemophilia
High or low blood pressure	Motion sickness
Stomach trouble, ulcers	Special diet, food allergies
Hepatitis or liver problems	Current bedwetting problems
Diarrhea, constipation	ADD (Attention Deficit Disorder)
Hernia or rupture	Mental illness (bipolar, other)
Kidney disease or stones	Depression, anxiety, suicidal
Prostate problems (men)	Admission to hospital
Frequent urination	Other chronic medical illnesses
Menstrual cramps (women)	Sleep disorder, sleep apnea
Broken bone, joint problems	Serious Injury
Circle the <b>specific</b> condition for any "Yes" answer. Explain any "Yes" answer in remarks on next page.	Circle the <b>specific</b> condition for any "Yes" answer. Explain any "Yes" answer in remarks on next page.

**Dietary Restrictions or Limitations:** (List any dietary restrictions such as food allergies, diabetes, gluten-free, lactose intolerant, etc. Any listed item should be for legitimate medical reasons – not life style choices. Enter “None” if no restrictions.)

**Past Surgical History:** (List all surgeries including tonsils, ear tubes, appendix, gall bladder, hernia, hysterectomy, heart, heart catheterization, bone and joint and all other surgeries. Enter “None” if no surgical history.)

**Immunizations:** In the section below, either enter the date of immunization or check “No” if no immunization.

<b>Tetanus Booster</b> Td or Tdap Date: <input type="checkbox"/> No	<b>Hepatitis Vaccine</b> Date: <input type="checkbox"/> No	<b>Pneumonia Vaccine</b> Date: <input type="checkbox"/> No	<b>Varicella Immunization</b> (chickenpox) Date: <input type="checkbox"/> No	<b>Influenza Vaccine</b> Date: <input type="checkbox"/> No
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**Medication Information** – Include prescription medications, supplements, over-the-counter medicines, herbals, creams, etc., or write “None” if no medications are allowed. Attach an additional sheet if necessary.

Name of Medication/Inhaler	Dosage/ Tablet Strength	Doses Per day	Reason for Medication	Any Special dosing or Storage Instructions (i.e., as needed, with meals, must be refrigerated, etc.)
1.				
2.				
3.				
4.				

**SOCIAL HISTORY**

Tobacco Use (packs per day, years smoked, smokeless tobacco use, or enter “None” if no current or previous use.)	Occupation (student or other)	Religious Preference
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**REMARKS** (Attach additional sheet if necessary)

**CONSENT FOR MINOR CADET PARTICIPATION, MEDICATIONS, TREATMENT**

**(Consent Required for Minor Cadets Only)**

I give permission for full participation in CAP programs, subject to any limitations noted herein.

My signature below evidences my consent for my child/ward to possess and self-administer the medications listed above.

I understand that there are legal limitations imposed on CAP senior members with regard to the involuntary administration of medications to my child/ward. **(Cross out this paragraph if permission is denied)**

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge exam/test results and treatment provided.

N/A

\_\_\_\_\_ DATE

\_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN K

*Use this page for additional Medication Information or Remarks for CAPF 160 (if needed)*

**ADDITIONAL MEDICATION INFORMATION**

Name of Medication/Inhaler	Dosage/ Tablet Strength	Doses Per day	Reason for Medication	Any Special dosing or Storage Instructions (i.e., as needed, with meals, must be refrigerated, etc.)
5.				
6.				
7.				
8.				
9.				
10.				

**CONTINUATION OF REMARKS FROM PREVIOUS PAGE (if needed)**

**Date and Signature of Parent/Guardian is required, below, if any information is entered on this page**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
N/A  
**SIGNATURE OF PARENT/GUARDIAN (Required)**

**This page need not be submitted if no information is entered on it.**

## EMERGENCY INFORMATION

**(Insurance/Physician Information, Emergency Contacts, Minor Consents)**

<b>Name</b> <i>(Last, First, Middle Initial)</i>	<b>CAP Grade</b>	<b>CAPID</b>	<b>Charter Number</b>
<b>Mailing Address</b> <i>(Number and Street)</i>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<i>(Area Code)</i> <b>Home Phone</b>	<i>(Area Code)</i> <b>Cell Phone</b>		

### Primary Insurance Information

<b>Medical Insurance Company</b>	<b>Policy Number</b>	<b>Group Code/Number</b>	<b>Co-Pay Amount</b> \$
<b>Prescription Coverage Company</b>	<b>Policy Number</b>	<b>Group Code/Number</b>	<b>Co-Pay Amount</b> \$

### Family Physician

<b>Name</b>	<b>Phone Number</b>		
<b>Mailing Address</b> <i>(Number and Street)</i>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

### Emergency Contact *(Parent, guardian or closest relative to be notified in case of emergency)*

<b>Name</b>	<b>Relationship to Applicant</b>		
<b>Mailing Address</b> <i>(Number and Street)</i>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<i>(Area Code)</i> <b>Pager</b>	<i>(Area Code)</i> <b>Cell/Mobile Phone</b>	<i>(Area Code)</i> <b>Day Phone</b>	<i>(Area Code)</i> <b>Night Phone</b>

<b>Unit Commander Name and Grade</b>	<b>Unit Name</b>
<i>(Area Code)</i> <b>Unit Commander Day Phone</b>	<i>(Area Code)</i> <b>Unit Commander Night Phone</b>

**Contact the Encampment Commander before scheduling a Physical Exam if you have limitations**

CAP MEMBER PHYSICAL EXAM FORM					
Last Name	First Name	MI	CAP Grade	CAPID	Unit Charter Number
<b>Note to Physician:</b> Please complete the physical exam form below. Based on your knowledge of the individual and the information on the CAPF 160, <i>CAP Member Health History Form</i> (which the member should present to you), please determine a Physical Participation Category					
Vital Signs					
Height	Weight	Blood Pressure	Pulse	Temperature	Respirations
Corrected Distance Vision:		Right Eye	/20	Left Eye	/20
Can the member hear a normal conversational voice at a distance of 6 feet with the member's back turned to the examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical Examination					
	Normal Yes   No	Describe Abnormalities			
General Appearance					
Orientation					
Skin					
HEENT					
Heart					
Lungs					
Abdomen					
Hernia					
Neurological					
Urological					
Endocrine					
Psychological					
Joints					
Back					
Physical Participation Category <i>(Check One)</i>					
	<b>Category I – Unrestricted.</b> Member is in good health, and may participate in any physical activity without restrictions.				
	<b>Category II – Temporarily Restricted.</b> Temporarily restricted from some or all physical activities due to a temporary medical condition or injury. (Specify restrictions and duration below.)				
	<b>Category III – Partially Restricted.</b> Permanently restricted from some physical activities due to a medical condition or injury that is chronic or permanent in nature. (Specify restrictions.)				
	<b>Category IV – Indefinitely Restricted.</b> Unable to participate in physical activities and is generally only capable of sedentary activity.				
<b>List Restrictions and Duration:</b>   					
Certifying Physician					
Name		Address		Phone Number	
Date of Examination		Signature			