

YLI CAMPS  
**MEDICAL STATEMENT**

(to be completed by "licensed medical personnel")



Dear Licensed Medical Personnel:

We, Clemson University Learning Institute, require that a participant attending a program be examined by licensed medical personnel within 24 months prior to the date of program activity (such activities may include horseback riding, swimming, other water activities, challenge courses, and other outdoor activities). Your support in helping this participant is very much appreciated.

I examined \_\_\_\_\_ on \_\_\_\_\_  
and it is my opinion that he/she is physically able to engage in activities, except as follows: \_\_\_\_\_ and with these precautions: \_\_\_\_\_.

Physician Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Hospital Phone \_\_\_\_\_

*By checking this box, you acknowledge your electronic signature is the legal equivalent of your manual signature on this form.*

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**"Licensed Medical Personnel" includes those licensed physicians, certified or certification-eligible nurse practitioners, or other medical personnel who are certified by the state to conduct health examinations.**