

Part B
PHYSICAL EXAMINATION

Height _____ Weight _____ Meets height/weight limits Yes No Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

| | Normal | Abnormal | Explain Any Abnormalities | Range of Mobility | Normal | Abnormal | Explain Any Abnormalities |
|----------------------|-----------------------|-----------------------|---------------------------|--|-----------------------|-----------------------|---------------------------|
| Eyes | <input type="radio"/> | <input type="radio"/> | | Knees (both) | <input type="radio"/> | <input type="radio"/> | |
| Ears | <input type="radio"/> | <input type="radio"/> | | Ankles (both) | <input type="radio"/> | <input type="radio"/> | |
| Nose | <input type="radio"/> | <input type="radio"/> | | Spine | <input type="radio"/> | <input type="radio"/> | |
| Throat | <input type="radio"/> | <input type="radio"/> | | | | | |
| Lungs | <input type="radio"/> | <input type="radio"/> | | Other | Yes | No | |
| Heart | <input type="radio"/> | <input type="radio"/> | | Contacts | <input type="radio"/> | <input type="radio"/> | |
| Abdomen | <input type="radio"/> | <input type="radio"/> | | Dentures | <input type="radio"/> | <input type="radio"/> | |
| Genitalia | <input type="radio"/> | <input type="radio"/> | | Braces | <input type="radio"/> | <input type="radio"/> | |
| Skin | <input type="radio"/> | <input type="radio"/> | | Inguinal hernia | <input type="radio"/> | <input type="radio"/> | Explain |
| Emotional adjustment | <input type="radio"/> | <input type="radio"/> | | Medical equipment (i.e., CPAP, oxygen) | <input type="radio"/> | <input type="radio"/> | |

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
 Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
 Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider: Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 Date _____

| Height (inches) | Recommended Weight (lbs) | Allowable Exception | Maximum Acceptance |
|-----------------|--------------------------|---------------------|--------------------|
| 60 | 97-138 | 139-166 | 166 |
| 61 | 101-143 | 144-172 | 172 |
| 62 | 104-148 | 149-178 | 178 |
| 63 | 107-152 | 153-183 | 183 |
| 64 | 111-157 | 158-189 | 189 |
| 65 | 114-162 | 163-195 | 195 |
| 66 | 118-167 | 168-201 | 201 |
| 67 | 121-172 | 173-207 | 207 |
| 68 | 125-178 | 179-214 | 214 |
| 69 | 129-185 | 186-220 | 220 |

| Height (inches) | Recommended Weight (lbs) | Allowable Exception | Maximum Acceptance |
|-----------------|--------------------------|---------------------|--------------------|
| 70 | 132-188 | 189-226 | 226 |
| 71 | 136-194 | 195-233 | 233 |
| 72 | 140-199 | 200-239 | 239 |
| 73 | 144-205 | 206-246 | 246 |
| 74 | 148-210 | 211-252 | 252 |
| 75 | 152-216 | 217-260 | 260 |
| 76 | 156-222 | 223-267 | 267 |
| 77 | 160-228 | 229-274 | 274 |
| 78 | 164-234 | 235-281 | 281 |
| 79 & over | 170-240 | 241-295 | 295 |

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B Last name: _____ **DOB:** _____