



**THE JOURNEY: BLAZING NEW TRAILS, LLC.  
PHYSICAL EXAM**

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ UA: \_\_\_\_\_

V20.2 Routine physical/ Child Health Exam

|     |                                      | Normal | Abnormal Findings |
|-----|--------------------------------------|--------|-------------------|
| 1.  | Eyes: L /20 R /20<br>Pupils          |        |                   |
| 2.  | Ears, Nose, Throat                   |        |                   |
| 3.  | Mouth and Teeth                      |        |                   |
| 4.  | Neck                                 |        |                   |
| 5.  | Cardiovascular                       |        |                   |
| 6.  | Chest and lungs                      |        |                   |
| 7.  | Abdomen                              |        |                   |
| 8.  | Skin                                 |        |                   |
| 9.  | Genitals-Hernia                      |        |                   |
| 10. | Muskoskeletal: ROM<br>Strength, etc. |        |                   |
| 11. | Knee and ankle stability             |        |                   |
| 12. | Neurological                         |        |                   |

Comments RE: Abnormal findings or concerns about program participation:

\_\_\_\_\_

The program will include hiking in sometimes severe weather conditions carrying a backpack weighing up to 30% of the client's body weight and elevations up to 11,000 feet. Also included in the program will be physical exertion for work and may include contact with animals, dust, pollen and insects including bees and wasps.

**PARTICIPATION RECOMMENDATIONS:**

\_\_\_\_ Full Unlimited Participation \_\_\_\_ No Participation

\_\_\_\_ Clearance pending documented follow-up of: \_\_\_\_\_

\_\_\_\_\_  
Licensed Professional's Name (PRINT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Professional's Signature

\_\_\_\_\_  
Telephone