

# ST. PETERSBURG POLICE EXPLORER POST #980

## ACCEPTANCE APPLICATION

**Teaching the Future of Law Enforcement**

***Exploring***  
A Program for Career Education



**St. Petersburg Police Explorer Post #980  
Application for Acceptance**

Name of Applicant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

The St. Petersburg Police Explorer Post #980 is a co-ed program chartered through the Learning for Life (Exploring) Division of the Boy Scouts of America and sponsored by the St. Petersburg Police Department, serving since 1969. The Police Explorer is not a sworn officer and does not have any police powers.

Most Explorers express a definite interest in police work as their career; however, this is not a requirement to become a member of the post. It is hoped that by being associated with the post, the member will become familiar with the responsibilities of a police officer.

After a period of tenure, training and testing, a Police Explorer may be permitted to ride with a regular police officer in a marked cruiser as an observer. This is done so that the Police Explorer may further his/her education in police work.

In order to be considered for membership in Post #980, an applicant must meet the following criteria:

1. Must pass a criminal background check (ANY felony and certain misdemeanors will disqualify the applicant)
2. Must be in school completed the eighth grade, and must be at least 14 years-of-age, but not older than 19 years of age. Upon acceptance prior their 19<sup>th</sup> birthday, the member may remain a member until the age of 21.
3. Must have, and maintain, a grade point average of 2.0 or better. For the pistol team or special teams, the Explorer must maintain a 2.5 GPA or better.
4. Must pass an oral interview given by a board consisting of Explorers and Advisors. The applicant must attend four (4) consecutive meetings. At the time of the fourth meeting, the applicant will be given the oral interview board.
5. The applicant and parents/guardians must understand that it is imperative to participate in the meetings and special events in order to learn about the many aspects of law enforcement. Participation is crucial to be considered a member of the post.
6. The application must be turned in by the second meeting.

***An acceptance board will be held after the applicant attends four consecutive meetings. We recommend that the Application be turned in by the second meeting.***

A one (1) time registration fee of \$35.00 (check or cash) is collected following acceptance into the program. This fee covers the Boy Scouts of America registration fee along with secondary insurance (if no personal insurance coverage) and starting supplies. A yearly fee of \$25.00 is due every October for each member.

A special note to parents/applicant: Once the applicant is accepted and turns in their dues, they will be issued a gray polo shirt. There is no need for the new explorer to purchase handcuffs, flashlights, etc. The only items they will need to purchase are black polishable shoes and a black leather belt with a silver buckle. Once they are eligible for the Class B uniform, they will be issued the equipment

The Hold Harmless Agreement (included in this package) must be filled out, signed, and notarized prior to the acceptance board. The information provided by you on this application should be printed in ink or typewritten. DO NOT leave any black spaces.

***For ALL pages ----- If a space does not apply to you please put "N/A" in that space.***

***The application is due by the second meeting.***

All information is to be true and any discrepancies or falsifying of information will result in immediate disqualification for membership with Post #980. All information on the application will be checked and verified.

If you have any questions regarding this application, or any concerns, you may contact:

**Officer Janie Staples at (727) 892-5082**

I, \_\_\_\_\_, an applicant for the St. Petersburg Police Explorer Post #980, have read the above information and meet all the requirements to participate in the St. Petersburg Police Explorer Program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(We)(I) The undersigned parent(s) or guardian having legal custody of Police Explorer applicant \_\_\_\_\_, a minor, authorize my son/daughter to continue the Police Explorer application process. I have read the above listed information and understand a background investigation will be conducted. I hereby grant permission to release any findings to the Explorer Board, Advisors, and Post Committee members.

Signature(s) Parent/Guardian \_\_\_\_\_ (Date) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ (Date) \_\_\_\_\_

**St. Petersburg Police Explorer Post #980  
Application Checklist**

All new applicants must attend four consecutive meetings.

1<sup>st</sup> meeting \_\_\_\_\_ (date)

2<sup>nd</sup> meeting \_\_\_\_\_ (date) – Application is due

3<sup>rd</sup> meeting \_\_\_\_\_ (date)

4<sup>th</sup> meeting \_\_\_\_\_ (date) – All other items listed below are due

**Checklist:**

***Due on the second meeting:***

- A completed application for acceptance

***All the below items must be turned in before acceptance meeting will be held on 4<sup>th</sup> meeting.***

- A copy of the applicant's ***most recent*** report card. Students in a continuing education program, enrolled in college, homeschool, etc. must show proof of enrollment.
- A letter of recommendation from a person unrelated to the member (i.e. teacher, officer, neighbor, etc.)
- A \$35.00 registration fee (Cash, money order, or check made out to St. Petersburg Police Explorers)
- Acceptance & Understanding of By-Laws (see attached)
- BoyScout Application (separate form)
- Uniform & Equipment Agreement, see attached
- City of St. Petersburg: Resident/Non-Resident Program Registration Application
- Boyscout of America Medical Form. Parts A and B are required. Note: Part C is only required for any traveling and also requires a doctor's signature. (Separate forms)
- A recent up-to-date copy of shot records from a doctor's office
- Fingerprints, see Advisor

PROSPECTIVE EXPLORER BIOGRAPHICAL INFORMATION

**All questions must be answered. If something does not apply please indicate N/A.**

Print and use **Black Ink**. If more space is needed, use additional paper. **Note:** If there are any unanswered questions on this application the application, will be **rejected**.

Applicant Name: _____		
Last (Jr, II, III, etc.)	First	Middle (Full)
Date of Birth: _____	Age: _____	Race: _____ Sex: _____ (M/F)
Height: _____	Weight: _____	Hair color: _____ Eye color: _____
Address : _____		
	City, State	Zip Code
Phone: _____		
Home	Cell	Other
Applicant E-Mail Address: _____		
Social Security Number: _____ (SS# is only used for background checks)		
Driver's License #: _____ State: _____		
List any scars, marks, tattoos (surgery scars, birthmarks, stitches, etc.) _____ _____		
Current School attending: _____ Grade: _____		
What year will you graduate high school? _____		
Currently live with: (parent/guardian) _____ Relationship: _____		

Signature \_\_\_\_\_  
Applicant

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT/GUARDIAN BIOGRAPHICAL INFORMATION**

**All questions must be answered. If something does not apply please indicate "N/A"**

Print and use **Black Ink**. If more space is needed, use additional paper.

Parent/Guardian Name: _____		
_____	_____	_____
Last (Jr, II, III, etc.)	First	Middle (Full)
Date of Birth: _____ Relationship to applicant: _____		
Address : _____		
_____	_____	_____
	City, State	Zip Code
Phone: _____		
_____	_____	_____
Home	Cell	Other
E-Mail Address: _____		
Employer: _____		
_____	_____	
Name	Phone	

In case of an emergency, contact: (**other than person mentioned above**)

2) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cellular phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cellular phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Your signature confirms the applicant's and your information are true and correct.

Signature \_\_\_\_\_  
Parent or Guardian

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Questions:

1. Length of time lived at current home address: \_\_\_\_\_

2. List any other addresses you have lived in the past 5 years (include City and State):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List names and dates of birth of siblings:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you a U.S. citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If not, where are you from? \_\_\_\_\_

\_\_\_\_\_

5. Are you now, have you ever been or are you presently associated with any member(s) of a Gang?  
Yes \_\_\_\_\_ No \_\_\_\_\_

6. List schools attended during the past three years \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been suspended or received a referral from school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, for what reason and when? \_\_\_\_\_

\_\_\_\_\_

8. How did you hear about the Explorer program? \_\_\_\_\_

\_\_\_\_\_

9. Do you agree to attend regular Explorer meetings on Monday evenings from 6-8:30p.m. and any special events to be announced? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are you currently or have you previously been a member of another Explorer program? Yes \_\_\_ No \_\_\_  
If Yes, where and when? \_\_\_\_\_

\_\_\_\_\_

11. What extracurricular activities are you involved in at school? \_\_\_\_\_

\_\_\_\_\_

12. Will the extracurricular activities effect your participation as a member of the Explorer program?  
Yes \_\_\_ No \_\_\_. (Note: A leave of absence can be granted for those with conflicts with other extracurricular activities). However, it is the applicants/Explorers responsibility to inform the chief advisor.

13. Have you ever been employed? Yes \_\_\_\_ No \_\_\_\_

Current Employer:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Last Two Employers:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

14. Read this statement before signing:

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience, are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact herein will cause forfeiture on my part of all rights to appointment as a St. Petersburg Police Explorer.

Signature: \_\_\_\_\_

Applicant

Signature: \_\_\_\_\_

Parent or Guardian





Participant/Model/Artist/Performer Release Form

I authorize the City of St. Petersburg/Police Department/WSPF-TV Channel 35/15/ Police Explorers/Boyscouts of America/Florida Association of Police Explorers and its agents to utilize my name, likeness, appearance, video image, or photograph for the City’s advertising, trade, or promotional purposes. I further understand that my appearance in any production, any proofs or prints (negatives or positives), and video tapes shall remain the sole property of the City of St. Petersburg and its licensed agents. I also certify that my release and authorization contained herein will not violate any pre-existent or subsequent contracts or commitments for which I am responsible or liable.

I also agree that should I receive any prints, negatives, or video of my name, image, likeness, or appearance which were used for the City’s advertisement, trade, or promotional purposes, I shall not authorize its use by any other parties unless so agreed to by a responsible agent of the City of St. Petersburg.

DATE: \_\_\_\_\_

• **I am over 18 years of age:** \_\_\_\_\_  
(signature of model, over age 18) (print name here)

• **Witnessed by:** \_\_\_\_\_  
(signature of witness) (print name here)

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• ***If minor: The model appearing is under age eighteen (18), and I do sign this release under the representation of legal parent or guardian:***

\_\_\_\_\_  
(Print model’s name, 18 & under)

\_\_\_\_\_  
(Signature of model)

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Print parent or guardian name here)

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\_\_\_\_\_ **Check here if you choose not to participate.**

\_\_\_\_\_  
(Print model’s name)

\_\_\_\_\_  
(Signature of model)

## Uniform and Equipment Agreement

Upon leaving Explorer Post #980 for any reason, the member shall immediately surrender his/her assigned brass, uniform(s), pants, shirt(s), polo shirt(s), pant(s)s, ribbon(s), name tag(s) and **any other issued uniform or equipment**.

The Explorer will be responsible for the cost incurred to replace lost items or items not returned upon separation. If the Explorer fails to return all issued equipment, charges will be filed with the State Attorney's Office for prosecution.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Explorer - Print Name)

\_\_\_\_\_  
(Explorer - Signature)

If under 18 years of age:

Parent or Guardian: \_\_\_\_\_ (Print) Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ (Signature)

**BYLAWS AND STANDARD OPERATING PROCEDURES  
OF ST. PETERSBURG POLICE DEPARTMENT  
EXPLORER POST #980**

***(Sign at acceptance board with given By-Laws and Standard Operating Procedures)***

Acknowledgement

Signing indicates that you have received a copy of the By-laws and Standard Operating Procedures and understand you are responsible for reading and abiding by the rules listed in the By-Laws.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Explorer - Print Name)

\_\_\_\_\_  
(Explorer - Signature)

If under 18 years of age:

Parent or Guardian: \_\_\_\_\_ (Print) Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ (Signature)

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**Official use Only**

	Adv Init		Adv Init
FCIC/NCIC	<u>N/A</u>	Other _____	_____
I/LEADS	_____	Other _____	_____
D.J.J.	_____	Other _____	_____

1<sup>st</sup> meeting \_\_\_\_\_ (date) 2<sup>nd</sup> meeting \_\_\_\_\_ (date) – Application is due

3<sup>rd</sup> meeting \_\_\_\_\_ (date) 4<sup>th</sup> meeting \_\_\_\_\_ (date) All other items listed below are due

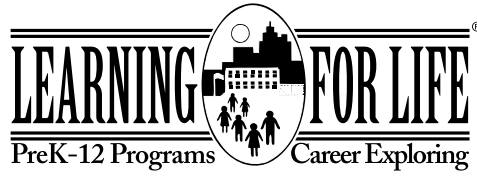
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- A recent up-to-date copy of shot records from a doctor's office
- Fingerprints, see Advisor



## Learning for Life and Exploring Annual Health and Medical Record

(Valid for 12 calendar months)

### Policy on Use of the Learning for Life and Exploring Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, Learning for Life recommends that everyone who participates in a Learning for Life or Exploring event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this form will help ensure you meet the minimum standards for participation in various activities. Note that adult leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and B** are to be completed at least annually by participants in all Learning for Life and Exploring events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

**Part C** is the physical exam that is required for participants in any event that exceeds 72 consecutive hours or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the post/club/group more than 30 minutes away from an emergency vehicle or an accessible roadway, or to remote areas.

### Risk Factors

Based on the vast experience of the medical community, Learning for Life has identified that the following risk factors may define your participation in various outdoor activities.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit the Safety First Guidelines on [www.learningforlife.org](http://www.learningforlife.org).

### Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. An adult leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but Learning for Life does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

# Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Outing participants:**  
Post/club/group No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

## Informed Consent, Release Agreement, and Authorization

I understand that participation in Learning for Life activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Learning for Life, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with Learning for Life volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Learning for Life activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

- Without restrictions  
 With special considerations or restrictions (list) \_\_\_\_\_  
\_\_\_\_\_

## Talent Release Agreement

I hereby assign and grant to Learning for Life the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by Learning for Life, and I hereby release Learning for Life from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Learning for Life, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes  No

## ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
2. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_  
2. Name \_\_\_\_\_  
3. Name \_\_\_\_\_

**I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.**

Participant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

# Part B: General Information/Health History

**Full name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

**Outing participants:**  
 Post/club/group No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Post/club/group leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
 Council Name/No.: \_\_\_\_\_ Post/club/group No.: \_\_\_\_\_  
 Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**



**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
 Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	<b>Last HbA1c percentage and date:</b>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	<b>Last attack date:</b>
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	<b>Last seizure date:</b>
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	<b>CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
		List all surgeries and hospitalizations	<b>Last surgery date:</b>
		List any other medical conditions not covered above	



## Part B: General Information/Health History

Full name: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Outing participants:**  
 Post/club/group No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.  IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**!** Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. **!**

### Immunization

The following immunizations are recommended by Learning for Life. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

**DO NOT WRITE IN THIS BOX**  
 Review for program or special activity.  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Further approval required:  Yes  No  
 Reason: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

# Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Outing participants:**

Post/club/group No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_



**You are being asked to certify that this individual has no contraindication for participation in a Learning for Life or Exploring experience.**



**Examiner: Please fill in the following information:**

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

## Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Learning for Life and/or Exploring experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned program or special activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

**Maximum weight for height:**

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295