

Girl Scouts of Peninsula Waters, Inc.
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Marquette, MI 49855

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GSPW PHYSICAL EXAM FORM

This form must be filled out and signed by a physician every 24 months if attending Summer Thing or any event lasting three days or longer.

Name: _____

Address: _____ City, ST, Zip: _____

Date of Birth: _____ Phone: _____

Height: _____ Weight: _____ Blood Pressure: _____

(CODE: S = Satisfactory NS = Not Satisfactory NE = Not Examined)

Nose Lungs Throat Abdomen Hernia

Musculoskeletal Skin Urinalysis HGB

General Physical and Emotional Status: _____

Other Notes: _____

This person is in satisfactory condition and may engage in all usual activities except as noted above.

Physician Signature: _____ Date: _____

Address: _____