

COVID-19 RETURN TO ACTIVITY

Participants Name: _____ Expedition Number: _____

Date of Birth: _____

Philmont Scout Ranch recognizes that some patients who have had a severe case of COVID-19 may continue to have symptoms many months after the infection. Philmont requires that anyone who has been hospitalized for COVID-19 since the beginning of the pandemic be cleared by their primary care provider before traveling to Philmont.

Participant:

I understand the strenuous nature of most Philmont experiences and that in the 6 weeks prior to my trek I have not experienced any of the following symptoms that could indicate continued complications of COVID-19 illness.

- Chest pain especially with exertion or worse when laying down.
- Shortness of breath.
- Palpitations (heart beating funny)
- Dizziness/fainting
- Ongoing fatigue

Date of positive COVID-19 test _____ Hospitalized Yes/ No

Any continuing symptoms or limitations:

Participants Signature: _____ Date: _____

Examiners Certification:

I certify that I have reviewed the information above with, my patient and find no medical reason that the patient cannot participate in the following strenuous activity.

- Hiking and camping at elevations up to 12,441 feet.
- Strenuous hiking up to 10 miles a day
- Carrying backpack weighing 30% of body weight
- Remote locations where medical care may be several hours away.

Examiners Signature: _____ Date: _____

Examiners Printed Name: _____

Address: _____

City _____ State: _____ Zip: _____

Office Phone: _____

