



Medical Clearance Guidance for Devil Pups Encampment Participation

Dear Doctor,

You are receiving this letter because you may be asked to perform a medical evaluation for a potential participant in the Devil Pups encampment scheduled for July 2026.

Devil Pups is a 10-day overnight encampment held each July at Marine Corps Base Camp Pendleton, near Oceanside, California. The encampment is supervised by active duty and retired Marines and other distinguished service members. Its purpose over its 50-year history is to build character, leadership, and physical fitness among teenagers 14 to 17 years old. The Devil Pup motto is "Growth Through Challenge," and the encampment intentionally provides 10 days of very demanding physical and mental challenges.

The physical activities during the encampment are more equivalent to a very high-intensity, sports performance camp at an elite level, and not a recreational summer camp. Encampment activities include five-mile runs on the beach, close-order drills over long distances, surmounting obstacle courses, performing steep hill climbs, experiencing combat fitness courses, doing pool jumps from a 25-foot platform, and completing twice-daily rigorous calisthenics. Participants are exposed to repeated, high-intensity physical demands over multiple consecutive days, almost universally exceeding anything they have previously experienced. These are activities that do not occur at a recreational summer camp.

To qualify for the encampment, each candidate is tested on proficiency in performing push-ups for upper-body strength, pull-ups for arm strength, a one-mile run for endurance, and planks for core strength. All events are timed, scored, and formally evaluated.

The ideal candidate for this encampment is in excellent physical condition, takes no medications of any type, has had no physical injuries within the past year, and is free of any allergies, including upper respiratory or food-induced allergies. A complete physical examination performed by a medical doctor is therefore a critical component of the screening process and should be approached with the same level of scrutiny applied to clearance for highly intensive, strenuous athletic training.

As a practical matter, teenagers with the following conditions should not be cleared for participation, as they are unlikely to tolerate the physical demands of a Devil Pups encampment. Experience from prior encampments has demonstrated that participants with these conditions disproportionately account for medical issues during training, placing strain on medical resources and increasing the likelihood that the participant will be removed from activities and discharged to home:

- Active asthma requiring inhalers
- Significant respiratory allergies, including pollen or dry grass allergy
- Food allergies, including peanut allergies
- Need for carrying and injecting EpiPens
- Musculoskeletal and joint injuries within past year
- The need for hormonal supplementation
- Mandatory need for nutritional supplementation
- The use of anti-anxiety medications
- The need for any injectable medication (e.g., insulin, growth hormone)
- Treatment with ADHD stimulant medications (Adderall, Vyvanse, Concerta, Ritalin)
- History of seizures or epilepsy

In summary, physicians performing these physical examinations should understand that this is not clearance for a camp with the usual summer recreational activities. You are performing a medical clearance for a teenager's participation in an extremely rigorous and physically demanding program conducted on a military base.

Clearance should be granted only when, in the physician's professional judgment, the candidate can safely tolerate the full scope of required physical activities without foreseeable injury or medical intervention. In borderline cases, physicians are strongly encouraged to err on the side of non-clearance or to seek clarification prior to approval, since inappropriate clearance exposes the teenager to a risk that might be significant and could have been avoided.

Sincerely,

Devil Pups Medical Staff

Physical Examination Form

To be completed and signed by physician

Patient Info:

Name _____ Birth Date _____ Age _____
 Date of Examination _____ High School Grade 9 10 11 12 Sex Male Female

Prior Injuries: Yes or No (If Yes, complete below. Attach a second page if needed)

| Date | Injury |
|------|--------|
| | |
| | |

| Date | Injury |
|------|--------|
| | |
| | |

Hospitalizations: Yes or No (If Yes, complete below. Attach a second page if needed)

| Date | Reason |
|------|--------|
| | |
| | |

| Date | Reason |
|------|--------|
| | |
| | |

Surgical procedures: Yes or No (If Yes, complete below. Attach a second page if needed)

| Date | Reason |
|------|--------|
| | |
| | |

| Date | Reason |
|------|--------|
| | |
| | |

Allergies: Yes or No (If Yes, complete below. Attach a second page if needed)

Bee stings Yes or No If Yes Medication taken _____
 Food Yes or No If Yes What type of food? _____
 Medications Yes or No If Yes List _____
 Other List _____

Mental Health: Conditions Present (Mark Yes or No and complete)

Anxiety Yes or No If Yes: Mild Moderate Severe Medications _____
 Depression Yes or No If Yes: Mild Moderate Severe Medications _____
 ADHD Yes or No If Yes: Mild Moderate Severe Medications _____

Current medications: (Attach a second page if needed)

| Medication Name | Dose | Frequency | Diagnosis | Physician Specialty | Date Prescribed |
|-----------------|------|-----------|-----------|---------------------|-----------------|
| | | | | | |
| | | | | | |

Menstruation is present and normal: Yes No N/A

General Appearance and Vital Signs:

Blood Pressure ____ / ____ Pulse ____ Respirations ____ Temp ____ Height ____ Weight ____

Evaluation of Systems:

| System Name | Normal Findings? | |
|--------------|------------------------------|-----------------------------|
| Skin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head/Face | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eyes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ears | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mouth/Throat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Neck | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Lymph Node | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Thyroid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chest/Lungs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| System Name | Normal Findings? | |
|--------------------|------------------------------|-----------------------------|
| Heart | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Abdomen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Liver | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spleen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Extremities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sensory Abilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Balance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Posture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flexibility/Joints | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe abnormal findings here:

Medical Clearance Statement:

- CLEARED:** I have examined the above-named individual and certify that they are medically fit to participate in the strenuous physical activities described in the Devil Pups program without restrictions.
- NOT CLEARED:** Based on my examination, I do not recommend participation at this time due to: _____

Name of Physician (please print)

Physician's Signature (certifies medical fitness for Devil Pups activities)

Date

Physician Address: _____

Physician Phone Number: _____