DEVILPUPS
YOUTH PROGRAM FOR AMERICA

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 2027.

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 70-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 at any time during the past 3 years with documented dates of last use of an inhaler
- 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
- Medications for anxiety or depression
- The need for any injectable medication (e.g., insulin, growth hormone)
- Treatment with ADHD stimulant medications (Adderall, Vyvanse, Concerta, Ritalin) without documented evidence of well-controlled behavior
- 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

DEVILPUPS
YOUTH PROGRAM FOR AMERICA

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/Nuts ☐Yes or ☐No If Yes What type? _____

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?		System Name	Normal Findings?	
Skin	☐Yes	☐No	Heart	☐Yes	☐No
Head/Face	☐Yes	☐No	Abdomen	☐Yes	☐No
Eyes	☐Yes	☐No	Liver	☐Yes	☐No
Ears	☐Yes	☐No	Spleen	☐Yes	☐No
Nose	☐Yes	☐No	Hernia	☐Yes	☐No
Mouth/Throat	☐Yes	☐No	Extremities	☐Yes	☐No
Neck	☐Yes	☐No	Sensory Abilities	☐Yes	☐No
Lymph Node	☐Yes	☐No	Balance	☐Yes	☐No
Thyroid	☐Yes	☐No	Posture	☐Yes	☐No
Chest/Lungs	☐Yes	☐No	Flexibility/Joints	☐Yes	☐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: _____