

PHYSICAL EXAMINATION

To be filled out by licensed physician within twelve months prior to camp (MUST be dated after August 26, 2017).
Other medical forms may be accepted (from other camps, summer programs, etc.) as long as the same information is included as requested below.

NAME OF CHILD: _____ DATE OF EXAMINATION: _____

Please record the date (month and year) of basic immunization and most recent booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	
or		
Tetanus		
Diphtheria		
or		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		

Health Examination by Licensed Physician

Code: √ -- Satisfactory

x – Not Satisfactory (explain)

Hgt. _____ B.P. _____ Urinalysis test done _____ Wt. _____ Hgb. Test done _____
 Eyes _____ Extremities _____ Glasses _____ Posture (Spine) _____ Ears _____
 Skin _____ Nose _____ Allergies (please specify) _____
 Teeth _____ Heart _____ Menstrual history _____ Lungs _____ Abdomen _____
 Throat _____ Genitalia _____ Hernia _____ General appraisal _____

I have examined the above camp applicant on (date) _____
 In my opinion, the above's condition does _____/does not _____ preclude his/her participation in an active camp program.

The applicant is under the care of a physician for the following condition(s):

Current treatment (include current medication): _____

Explanation of any reported loss of consciousness, convulsion, or concussion _____

Does applicant have epilepsy? Yes _____ No _____ Does applicant have diabetes? Yes _____ No _____

Recommendations and Restrictions While at Camp (diet, medicine, treatment, etc.) _____

Additional Health Information _____

X Licensed Physician's Signature _____ *By _____

Please print physician's full name: _____

Full Address _____ Phone _____

*Initial if completed by nurse or physician's assistant.