PHYSICAL EXAM FORM

(REQUIRES HEALTH CARE PROVIDER
REVIEW & SIGNATURE)

Physical examination must be within 12 months of child's stay.

Camper Name: _____ DOB: _____

Date of physical exam: _____

Height: _____ Weight: _____ Blood Pressure: _____

Allergies?
(comments)_____
_____

Medications?
_____
_____

Special Diet?
_____
_____

Special Needs?
_____
_____

May participate in all camp activities? Y or N Explain:
_____
_____

General Appraisal:
_____
_____
_____

If camper is undergoing treatment for any acute or chronic condition, describe:
_____
_____
_____

Immunizations up to date? Y or N Date of last Tetanus shot? _____

I have discussed the camp program with camper's parent(s)/legal guardian. I have examined this child and find him/her to be physically and emotionally fit to participate in an active camp program (except as noted above).

Name of licensed provider (please print): _____ Title: _____

Office address _____ Phone number _____

Signature of HCP _____ Date: _____