

YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years From Date of Last Examination

- Camper
Staff

Please Return Completed Form to the Camp

Name, Date of Birth, Phone, Guardian, Address, Emergency Contact, Telephone, Date of Arrival at Camp, Departure Date

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ___/___/___

May participate in all camp activities
May participate except for:

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

Does the individual have allergies? YES NO Explain:

Is the individual on a special diet? YES NO Explain:

Does the individual have special needs? YES NO Explain:

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Table with 6 columns: Disease, Yes, No, Disease, Yes, No. Rows include Measles, Mumps, Rubella, Chickenpox, Tetanus, Hepatitis B, Diphtheria, Pertussis, Polio.

Comments:

Print name of medical care provider:
Medical care provider's address:
Medical care provider's: City/Town ST Zip Code

Signature of Physician, PA, APRN or RN:

Date Signed: Telephone Number: