Camper's Name	Date of Birth	Male/Female

Physician's Examination

This examination should be completed within 18 months of arrival at camp. Examination is for determining fitness to engage in strenuous activity in a summer camp setting.

Height	Weight	Pulse	Blood Pressure	Hct/Hgb Test (if appropriate)	Urinalysis (if appropriate)

Please rate the following:

V - Satisfactory
X - Not Satisfactory
O - Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro

General Appraisal:
Please address any diagnosis and/or concerns from above.

Immunizations

Provide immunizations and dates. Alternatively, please attach this information signed by physician.

DTAP	Polio	Hepatitis B	Varicella	MMR	TDAP (12+)	COVID-19

Current Medical Conditions and Treatments

Please include any health conditions which may affect the individual's activities while attending camp

Recommendations:
List restrictions on the individual whilst at camp

Please turn over ⟶

Medication

Please list any medication the individual is currently taking. If more space is needed continue on separate sheet of paper.

Medication Name	Strength	Dose	Frequency	Route

Allergies

Please list all allergies

Type of allergy. (Drug, Food, Insect, Latex, Pollen, Pet, Mold, etc)	Allergy	Is there a risk of anaphylactic reaction?		Will the camper bring rescue med?		Can the camper self-administer rescue med?		
		YES	NO	YES	NO	YES	NO	N/A
		YES	NO	YES	NO	YES	NO	N/A
		YES	NO	YES	NO	YES	NO	N/A
		YES	NO	YES	NO	YES	NO	N/A
		YES	NO	YES	NO	YES	NO	N/A
		YES	NO	YES	NO	YES	NO	N/A

Healthcare Provider Certification

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

Physician's Name

Physician's Signature

Physician's Contact Number

Date of Examination

Today's Date

Thank you for completing this form.